



The National Institute for Jewish Hospice

1.800.446.4448

www.nijh.org

ACCREDITATION APPLICATION

*This application should be filled out on your computer,
using the free Adobe Reader, before printing.*

Name of Organization

Phone

Email

Fax

Address:

City

State

Zip

For accreditation from the **National Institute for Jewish Hospice** the following guidelines must be met by the hospice:

1. Specialized, in-depth training for health professionals, clergy, administrators and volunteers explaining the goals of Jewish hospice will be required.
2. All staff, and especially new professionals and volunteers, must be familiar with the booklets, tapes, and guidelines, published by NIJH. A full set of these materials must be purchased and reside in the institution's library before accreditation.
3. Agreement to abide by the Religious Halakhic decisions of the Rabbi selected by the family of the terminally ill patient. If the family wishes a rabbinic decisor, but such a person is not available, the Hospice should consult the office of NIJH.
4. At no time, should a patient be compelled to violate Federal and State Law, or his personal religious requirements. This refers especially to the requirement of signing a DNR document.
5. The patient should be offered the Living Will-Durable Power of Attorney document provided by NIJH or other document by a Jewish organization that is approved by the patient.
6. At no time is any patient to be given Halakhic advice or rabbinic suggestions without prior confirmation; and at no time shall any Jewish patient be cajoled or persuaded to do that which he does not desire to do.
7. The Hospice must submit a Publicity Statement and photos to local papers about accreditation approval by NIJH immediately upon receiving accreditation.
8. NIJH Religious Guidelines may be modified during the course of time, and we will notify your Hospice at once.
9. NIJH can remove, and publicize the removal, of a Hospice's accreditation if it does not follow the above guidelines.
10. The Hospice must agree to all the above, sign this agreement, and submit this to NIJH before the accreditation process is begun.

FEES *Please check the correct boxes below:*

We are accrediting with NIJH for the first time. I have enclosed:

The \$2500 fee for accreditation and \$100.00 per person attending the training conference.

Early Bird Special (by July 1, 2010) of \$2250 fee for accreditation and \$100.00 per person

We are happy to be re-accrediting with NIJH. I have enclosed:

The \$1500 fee for re-accreditation and \$100.00 per person attending the training conference.

Early Bird Special (by July 1, 2010) of \$1300 fee for accreditation and \$100.00 per person

Please indicate how many people will be attending the conference (for which payment is enclosed).

Names of Attendees (Each Attendee should fill out a Conference Registration Form)

Name of Officer

Title

Signature _____

Date

**This application must be signed by an officer of the hospice and returned with payment of the fee to:
NIJH, 732 University St., North Woodmere, NY 11581 (Checks should be made payable to NIJH)**