



## Antimicrobial Stewardship Honor Roll for Outpatient Care Setting

### Outpatient Care Application

#### *2025 Review Period*

Thank you for your interest in the New Jersey Department of Health's (NJDOH) Antimicrobial Stewardship Honor Roll (ASHR). This is the application for healthcare entities in New Jersey that provide outpatient care services in ambulatory settings. A separate application should be completed for each location, even if elements of an organization's Antimicrobial Stewardship Program (ASP) are shared across a healthcare system or network. Outpatient care facilities will be evaluated based upon implementation of the Centers for Disease Control and Prevention (CDC) "Core Elements of Outpatient Antimicrobial Stewardship" criteria. In order for outpatient care facilities to achieve recognition status, they must demonstrate proficiency for all seven of the CDC Core Elements. When submitting supporting documentation to provide evidence of work within a CDC Core Element, please label the document according to the corresponding Core Element (CE) number, exactly as per the directions and guidance provided in each section and for each question on the application. Please note that this will NOT occur automatically, so title each document or file prior to uploading it in conjunction with your application. Please make certain to remove all patient/resident identifying information, prior to submitting supporting documentation. Be certain to address all the components requested, both within the application and within the uploaded documents. Due to the number of applications received and reviewed, in addition to the competing priorities of staff, members of the New Jersey Department of Health will be providing limited to no feedback for cases in which recognition status was not granted.

#### *Requirements*

- You are applying for recognition of the work completed in your facility and/or organization's ASP for the previous calendar year. If recognition is granted, it will be in the year during which you are applying, for the previous year's work. As such, ensure that the corresponding documentation you will be submitting reflects work and dates for the review period (2025), rather than the current year (2026).
- Antimicrobial stewardship (AS/AMS) is a component of infection prevention and control; answer questions from the context of an AS/AMS program and details that specifically relate to its activities.
- This application is for outpatient services; the NJDOH highly recommends checking with your facility's administration to verify the licensure status of your building/organization. If an applicant proceeds with submitting an application that is not consistent with the facility's licensure status, this will preclude the application from proceeding any further, as requirements vary based on licensure. There will be no exceptions to this requirement.
- A designated individual, physically working within the licensed facility should submit the honor roll application, even if the aforementioned building is part of a larger network or organization. Proceeding in any other manner or using the same link(s) for multiple applications within a network or organization will "rewrite" and subsequently erase previously submitted applications, precluding consideration of the submitted application for recognition. There will be no special considerations or any exceptions granted for such occurrences.
- Use a desktop or laptop for completing the application, uploading the appropriately labeled documents, and submitting the application.
- Applicants should download a version of the application (PDF), review it, and compile all information and supporting documents. Applicants should review the supporting documents required of their application and ensure that the referenced supporting documents are prepared, completed, and labeled as directed, in preparation for uploading them as part of the application process. Once done, proceed with completing the application submission process in one sitting and address all aspects requested within the application and on the submitted documentation.
- In certain sections of the application, there have been numbers placed within parenthesis; these are intended to draw attention to required elements of the application and documents. Pay attention to these in order to avoid overlooking a requirement, realizing they are not entirely representative of additional requirements. There will be requirements to list a sampling of responses in text boxes and then corroborate them in conjunction with uploaded documents at times; in such cases, the information present in the documents that will be uploaded should be used as a basis for providing data requested in the text boxes, with all requested elements matching accordingly.
- An e-mail message confirming completion of the application will be sent out once it is submitted, with the option to amend or modify it, if necessary. All application editing, modification, and/or necessary actions for completion must be performed prior to the application deadline of 2/6/2026.



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### Facility Data

**This is an application for outpatient care facilities; you should confirm that you are licensed as such with your organization's administration. A failure to apply in accordance with the correct licensing status will preclude further consideration of your application and recognition status.**

#### 1. Date of application \*

#### 2. Organization details \*

*Please write out the **full name** of your facility. The organization/facility will be recorded EXACTLY as written in the text box that follows. It will appear as such on the NJDOH website, should recognition be granted.*

Organization/facility name	<input type="text"/>
Organization/facility street address	<input type="text"/>
Town/City	<input type="text"/>
Zip Code	<input type="text"/>

#### 3. Primary contact information \*

*Please indicate **one** e-mail address, check it for accuracy, and remain consistent for all correspondence; the person submitting the application for their building should be designated as the primary contact.*

First name	<input type="text"/>
Last name	<input type="text"/>
Credential	<input type="text"/>
E-mail address	<input type="text"/>
Title/Role	<input type="text"/>
Telephone number	<input type="text"/>

#### 4. Secondary contact information \*

*Please indicate **one** e-mail address and remain consistent for all correspondence.*

First name	<input type="text"/>
Last name	<input type="text"/>
Credential	<input type="text"/>
E-mail address	<input type="text"/>
Title/Role	<input type="text"/>
Telephone number	<input type="text"/>



## Antimicrobial Stewardship Honor Roll for Outpatient Care Setting

### Core Element 1: Leadership Commitment

#### 5. Leadership Commitment\*

*The facility's leadership provides program leader(s) with dedicated time to manage the Antimicrobial Stewardship Program (ASP) and conduct routine stewardship interventions.*

Yes, I confirm my facility fulfills this requirement.

#### 6. Description of the ASP activities \*

*Provide a job description of the individual responsible for overseeing the ASP; include (1) who will oversee program activities (include name, credential and/or title), (2) what will be completed as part of the ASP, (3) the frequency with which it will be completed, and (4) describe the purpose of the ASP.*

#### 7. Commitment Communication\*

*There is a posting of commitment to antimicrobial stewardship (AS) through internal or external communication (for example, this can be an internal memo regarding AS activities, meeting minutes that address AS activities, external communication such as a letter and/or electronic message to patients regarding AS devotion, or posters displayed in patient areas).*

Yes, I confirm my facility fulfills this requirement.

#### 8. Commitment Communication Documentation\*

*Provide and upload a complete copy of evidence/documentation of a commitment to AS through an internal or external communication.*

Label as "CE1A"  No file selected

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**Core Element 2: Action**

**9. Prescribing Improvements \***

*Practices have been implemented to improve antimicrobial prescribing.*

Yes, I confirm my facility fulfills this requirement.

**10. Prescribing Improvements Documentation \***

*Provide and upload a complete copy of evidence/documentation of at least one practice protocol that includes evidence-based diagnostic criteria and treatment recommendations or delayed prescribing practices are in effect with a goal to improve prescribing practices*

Label as "CE2A"

No file selected

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**Core Element 3: Tracking and Reporting**

**Please note, all patient identifiers/information should be redacted for privacy.**

**11. Tracking and Reporting of Orders \***

*Antimicrobial orders are tracked, reported, and should include the drug name, dose, duration of treatment, and diagnoses. There should be an accounting of the percentage of patient visits that lead to antibiotic prescriptions.*

Yes, I confirm my facility fulfills this requirement.

**12. Tracking and Reporting of Orders Documentation \***

*Provide and upload a complete copy of evidence/documentation that antimicrobial orders are routinely tracked. The report should include (1) drug name, (2) drug dose, (3) duration of treatment, (4) diagnosis, and (5) monitoring of patient visits that lead to antimicrobial prescriptions (reflected as a percentage, where the data can be used for review and/or peer-to-peer comparisons). The documented data should be representative of the review period.*

Label as "CE3A"  No file selected

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### Core Element 4: Education and Expertise

#### 13. Education and Expertise \*

Select all statements to confirm that your facility fulfills all **three** requirements.

- Providers have received continuing education about AS.
- Providers have received continuing education about AS and have conveyed related information to patients.
- Providers have conducted AS education for nursing and ancillary staff members of practice.

#### 14. Education and Expertise Documentation 1 \*

Provide and upload a complete copy of evidence/documentation of annual education received by prescribers related to AS.

Label as "CE4A"  No file selected

#### 15. Education and Expertise Documentation 2 \*

Provide and upload a complete copy of evidence/documentation of how education was provided to patients (for example, this should include either a copy of a handout, brochure, or consultation notes regarding principles of AS).

Label as "CE4B"  No file selected

#### 16. Education and Expertise Documentation 3 \*

Provide and upload a complete copy of evidence/documentation of how education was provided to nursing and ancillary staff members of practice. The referenced education should address (1) optimal antimicrobial prescribing, (2) adverse drug reactions, and (3) antimicrobial resistance. The educational material should include (4) the name, (5) credential, and (6) title/role of the leader providing the education (for example, this could be a MS PowerPoint® presentation, handout, or similar) and should have been conducted during the review period.

Label as "CE4C"  No file selected

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**Disclaimer Agreement**

**17. Please remember the following, as per the previous instructions: \***

*1. All documents must be labeled as per the application instructions; there should be documents with labels for each of the following present, as part of the completed application: CE1A, CE2A, CE3A, CE4A, CE4B, and CE4C. Applications submitted with any other document labels or titles will not be graded.*

*2. All documents should coincide with the date of the review period (2025); do not submit documents from the current year or any other year, since the application is assessing work completed in the previous year (review period).*

*3. The application must coincide with facility licensing (outpatient); please check with your facility administration regarding your organization's status, before submitting an application, regardless of which setting type you may think coincides with your related work.*

*4. I have read all directions in their entirety and will follow all guidance in them, realizing that doing so does not imply a guarantee of any achievement and that failure to do so will preclude recognition.*

*5. The New Jersey Department of Health staff will provide guidance as deemed appropriate during the application submission period, but have limited contact regarding outcomes, once the application submission period ends and recognition results are posted.*

*6. If honor roll recognition is achieved, all recipient facilities will be acknowledged by a posting of their names on the New Jersey Department of Health website.*

I have read and understand all of the application instructions and related requirements.

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