**U.S. News & World Report Pediatric Hospital Survey**

**Chief of Service Approval Form**

Prior to submission, responses to the U.S. News & World Report Pediatric Hospital Survey must be reviewed by the Chief of Service for each specialty submitted. The purpose of the review is to verify that your hospital’s responses accurately portray your care, facilities, staffing, and outcomes.

To ensure that the Chief of Service is fully informed, U.S. News recommends that each hospital work with its specialty chiefs to prepare, review, and approve each data element prior to submission. The survey comprises the primary source of data for the U.S. News & World Report Best Children’s Hospital rankings and other publications; careful review of all elements is therefore imperative.

U.S. News reserves the right to request additional documentation and/or take other measures as we may need necessary to support the accuracy of the submitted data.

Please complete and return the form using the following steps:

1. Print out a copy of your survey responses by clicking the **Create** **Report** link in the top right corner of the navigation menu.
2. For each specialty submitted, have your program’s Chief of Service review the survey responses and sign this approval form if the responses are acceptable. If they are not acceptable, the responses should be corrected and re-reviewed before submission.
3. Return the signed approval. It can be faxed to Marshica Stanley at 919-485-5730 or returned online by clicking on the **Upload Documents** link under the “Survey” menu at the top of the website. If you have questions or need assistance, please email Ms. Stanley at PediatricHospSurvey@rti.org or call 866-309-4561.
4. Once the form has been received, an email will confirm that your survey responses have been successfully submitted.

**NOTE:** After the survey is submitted, you can view your survey responses using the **Create Report** link, but you will not be able to change your answers.

* **I have reviewed all of my program’s responses to the U.S. News & World Report 2025 Pediatric Hospital Survey and hereby attest that all such responses accurately represent the care, facilities, and outcomes for my program.**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*We will contact you only if there is a question or concern about your hospital’s submission.*