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

**Senior-Level Medical Officer Approval Form**

Prior to submission, responses to the U.S. News & World Report Pediatric Hospital Survey must be reviewed by the Chief Medical Officer, VP of Medical Affairs, Chair of Pediatrics, Physician-in-Chief, or some other equivalent senior-level medical officer. The purpose of the review is to verify that your hospital’s responses accurately portray your care, facilities, and staffing provided.

U.S. News reserves the right to request additional documentation and/or take other measures as may be 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. Have the appropriate senior-level medical officer 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 then re-reviewed before submission.
3. Return the signed approval to the RTI/U.S. News project team. 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 the Best Children’s Hospitals project team at [PediatricHospSurvey@rti.org](mailto: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 on the survey website, but you will not be able to change your answers.

* **I have reviewed all 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 staffing for my institution.**

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

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

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

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

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

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

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