



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360
TRENTON, N.J. 08625-0360

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD
Commissioner

LONG TERM CARE
PATIENT SAFETY LIAISON INFORMATION

The following contact information is needed for your facility:

License #: _____

Facility Name: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____

Fax Number: _____

Administrator Name: _____

Administrator Title: _____

Administrator E-mail: _____

Patient Safety Liaison
(PSL) Name: _____

PSL E-mail: _____

PSL Phone Number: _____

PSL Fax Number: _____

Please submit this information by May 21, 2009 to:

Marcia Cook, Management Assistant
Health Care Quality Assessment
Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

Phone: (609) 341-5536

Fax: (609) 984-7707

If you would like to submit this information by e-mail, we will be happy to forward this form to you. Send your request to Marcia.Cook@doh.state.nj.us.