

**Governance Assessment Process (GAP)**  
Survey Evaluation Form

Thank you for your interest in the Center for Healthcare Governance’s GAP. The information you provide on this form will be used to select the version of the GAP survey that most closely aligns with your organization’s governance structure and function.

**ORGANIZATIONAL BACKGROUND INFORMATION**

1. Organization
  2. Contact Person’s Name
  3. Contact Person’s Title
  4. Contact Person’s Phone Number
  5. Contact Person’s Email
  6. Number of Boards to Assess
  7. Number of Board Members to take Assessment (not ex officio)
  8. Preferred Date to Start GAP (note that most GAPs are “open” for completion by Board members for 3-4 weeks; the Center will then require 6-8 weeks to process results, depending on how many boards you are assessing).
  9. Do you want a telephone-based or on-site presentation of your Board’s GAP results by one of the Center’s governance experts?  

Telephone Presentation	On-Site Presentation*	None	Don’t Know
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- \*Presenter’s travel costs will be charged to your organization

**TYPE OF BOARD**

Please select one of the four options below:

Board of a free-standing hospital (*The hospital is not part of a system; the board does not report to a higher authority or another board.*)

Board of a system with **no** subsidiary hospital boards

Board of a system with subsidiary hospital boards

Board of a hospital that is part of a system

**DIVISION OF BOARD RESPONSIBILITIES IN SYSTEMS WITH HOSPITAL BOARDS**

Please indicate which board performs each of the following functions in your organization:

System Board	Hospital Board
Board responsibility for mission, vision, goals and strategy.	
Board responsibility for executive performance and compensation.	
Board responsibility for quality of care.	
Board responsibility for finances.	

Thank you for completing this form. Please return it by email or fax to:

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