



BOARD OF DIRECTORS ORIENTATION CHECKLIST

Director's Name: _____

TOPIC	DATE COMPLETED
1. Agency Bylaws	
2. Mission Statement	
3. Organizational Chart	
4. Director's Responsibilities	
5. List of current Board of Directors	
6. Agency service area	
7. Tour of office(s): _____ and Kitty Askins Hospice Center	
8. Description of services	
9. Budget, strategic plan, and financials	
10. Conflict of Interest Statement	
11. Performance Improvement/QAPI Program	
12. Compliance Plan	
13. Home Visit	

Signature of President: _____ Date: _____

Signature of Director: _____ Date: _____