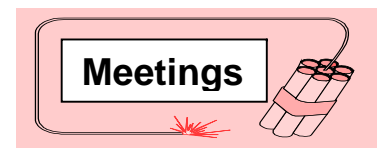


ABOUT QTNT

QUALITY
TARRANT/NORTH TEXAS

QTNT provides collaborative opportunities for healthcare quality professionals to share information and education to enhance professional knowledge and skills. QTNT promotes quality and cost effective healthcare in the communities and agencies that are served.

Established in 1998, QTNT is an association actively supporting quality professionals working in all facets of healthcare throughout the Metroplex. It offers educational and networking opportunities and helps to raise awareness of the profession. It was one of the first local associations to become an affiliate of the Texas Association for Healthcare Quality.



The last Thursday in January.
Fifth Thursdays throughout the year.
3:00 to 5:00 pm
Holiday Luncheon is held on the last
Thursday of November



QTNT meetings are held four times a year on the 5th Thursdays throughout the year.

(Last Thursday in January)

- 3:00 PM to 5:00 PM.
- 1.2 nursing CEUs is provided with each program.
- **Tarrant County Public Health
1101 S. Main St, FW, 76104**
- Parking is free.
- Check the website for specific dates and location or contact us as below.

Contact Us

QTNT
P.O. Box 100456
Fort Worth, TX 76185
E-mail: QualityTNT@msn.com
www.txquality.org/qtnt.php
or call Kay Jones at
metro 817-329-1397

Quality Tarrant/North Texas/QTNT
(Your local Healthcare Quality Association)
P.O. Box 100456
Fort Worth, TX 76185

Please Forward to Appropriate
Person/Department

MEMBERSHIP APPLICATION

Quality – Tarrant North Texas (Q-TNT)

PO Box 100456

Fort Worth, TX 76185

Purpose of the Association

Provide collaborative opportunities for healthcare quality professionals to share information and to provide education for enhancement of professional knowledge/skills, which will in turn promote quality and cost effective healthcare in the communities and agencies that are served.

MEMBERSHIP INFORMATION

Membership in the Association shall be granted to any person who is interested in and agrees to support the purposes and activities of the Association, abide by the Bylaws and such rules and regulations as the Association may adopt and meets the additional criteria established for each category of membership in the Association as follows:

Individual Members - any individual having responsibility for or an interest in professional healthcare quality management.

Honorary Members - an individual who has rendered outstanding service to the Association as determined by a majority vote of the membership.

Dues - Annual dues shall be \$25.00 per year to be paid in full by December 31 of the prior year. No refunds will be made.

Please complete all the requested information on the form below and mail to QTNT PO Box 100456 Fort Worth, TX 76185.

NAME: _____ New Member _____ Renewal _____

CREDENTIALS _____ INTERNET ACCESS? Yes No

EMAIL ADDRESS Home or Work or Both _____

PREFERRED MAILING ADDRESS Home or Work _____

PHONE # Work _____ FAX # _____ Home _____

FACILITY NAME _____ POSITION/TITLE _____

WILLINGNESS TO SERVE

Serve as an officer (specify preference) President Elect/Secretary/Treasurer Present a Topic (topic) _____

Serve on a Committee (specify preference) Seminar Planning /Newsletter/Bylaws/Nominations/Program/Other _____

Please suggest topics you would like to see covered in future programs _____

SIGNATURE _____ DATE _____