Minimum Criteria Checklist

Not sure which designation to apply for?

The checklist below lists the minimum criteria that a practice needs to meet for each level of our Practice Continuum. Complete the checklist to figure out which designation is the best fit for your practice. The criteria build upon each other, so to receive a higher designation you must first meet all of the criteria for the previous levels.



	Cutting Lage
CL	ITTING-EDGE PRACTICE
	Describes the need your practice addresses and how you identified the need Describes how your practice addresses health inequities or systemic oppression that impact your key population Describes your practice's collaborators and partners and why you partnered with them Explains how your practice benefitsyour key population Describes any initial successes indicating that your practice is working as intended
El	MERGING PRACTICE
	Describes the theoretical foundation used to guide your practice's development and implementation
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	throughout practice processes Explains the practice's evaluation plan Explains how you plan to identify lessons learned that can be used to improve your practice
PI	ROMISING PRACTICE
	Presents evaluation data that shows the impact of the practice on your key population Describes how biases in the way the practice is implemented or evaluated may impact outcomes Describes positive and negative unexpected outcomes and any resulting changes Describes the practice's continuous quality improvement efforts
BE	ST PRACTICE
	and/or systemic oppression that impact your key population
	Explains how you created structures for meaningful collaborations and participation for collaborators in practice processes
	Demonstrates that your practice has been replicated in another location with similar successful



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