

Clinic Administrator Signature

600 Central Ave. Ste 265 | Highland Park, IL 60035 (direct) 847.775.1970 | (fax) 847.775.1985 info@QuadA.org

### **Clinic Administrator's Attestation**

The Clinic Administrator must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede QUAD A Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the QUAD A standard.

Please complete and sign the following document and return to the QUAD A office:

### **CLINIC ADMINISTRATOR'S ATTESTATION**

As Clinic Administrator of the (name of clinic),
located at, I attest that this
facility meets all applicable local, state, and federal zoning and construction codes and regulations,
including Certificate of Need requirements, as mandated. I further acknowledge that
wherever governmental regulations or codes supersede QUAD A Standards, the stricter rule is
applicable, whether it is the local, state, federal regulation or code or QUAD A Standard.
Furthermore, I authorize QUAD A to release accreditation reports and corrective action plans to the state
Board or Federal government upon request.

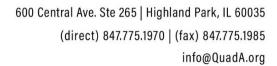
Date



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## **OPT Clinic Identification Form**

Clinic Identification Number				
Name of Clinic				
Name of Clinic Administrator (must hold at a minimum a Bachelor's degree)	Email			
Address	Suite			
City	State Zip			
Phone	Fax			
Website	Billing Email			
Name of Clinic Owner, Controlling Stockho	older and/or Beneficial Ownership (List additional names on separate sheet)			
Clinic State Licensure (If Applicable)	Date			
For New Applicants only:  Not Previously Accredited by Oth	er Accrediting Organization			
☐ Previously Accredited by Other A	ccrediting Organization			
Name(s) of Other Organization:				
Initial Survey Date	Class			
Last Re- Survey Date	Class			





# Current OPT Staff Identification Form

Please list all practitioners in the Clinic (Full Time/Part Time/PRN)

Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
Time of Chinesian (Fieuse Indicate Credentials 11,111, 61, 611, 621, 521 12)	
State Medical License #	Hrs/Week
Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
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State Medical License #	Hrs/Week
Name of Chinisan (Blaces Indicate Condentials DT DTA OT OTA CLD CLD A)	
Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
State Medical License #	Hrs/Week
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Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
	<del></del>
State Medical License #	Hrs/Week
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Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
State Medical License #	Hrs/Week
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### **Self-Survey Attestation**

As [Director/Administrator] of this facility, I attest that this facility meets all applicable local, state, and federal laws, regulations, rules, and codes ("Applicable Law"), including zoning and construction codes and regulations and Certificate of Need requirements. I further acknowledge that wherever Applicable Law differs from QUAD A Standards, the stricter is applicable, whether it is the Applicable Law or the QUAD A Standard. Wherever Applicable Law conflicts with QUAD A Standards, the Applicable Law supersedes the QUAD A standard. In other words, if the Applicable Law *expressly prohibits* the action the QUAD A standard requires, the Applicable Law will supersede the QUAD A standard.

In compliance with QUAD A's requirement for a self-survey to be conducted annually between routine onsite surveys conducted by QUAD A Surveyors (Standard 1-B-8), I further attest that our staff has conducted a thorough self-assessment of our facility based on:

- all applicable QUAD A standards according to the program in which we are enrolled using the checklist provided,
- the anesthesia class (as applicable),
- any geographically specific standards, and
- any other standards implementation that applies to our facility.

I also attest that we have compiled a comprehensive "Accreditation File" (including accurately recorded determinations of compliance with each standard, completed plans of corrective action based on our self-assessment, and documented evidence of corrections for any citations) and incorporated our findings and lessons learned into our quality assurance and quality improvement process. We will maintain a copy of the complete Accreditation File for a minimum of 3 years and make the same available to QUAD A surveyors at any onsite surveys.

Furthermore, I authorize QUAD A to release accreditation reports and corrective action plans to the state competent government authority for the jurisdiction(s) in which this facility is located upon request.

Director/Administrator Name (Print)	Facility ID
Director/Administrator Signature	 Date