



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

Facility Identification Form

Facility Identification Number Facility Class: CLASS A CLASS B CLASS C-M CLASS C
(Check one)

Name of Facility

Name of Facility Director (must be MD or DO) Email

Name of Office Manager or Head Nurse Email

Address Suite

City State Zip/Postal Code

Phone Fax

Website Billing Email

Name of Facility Owner, Controlling Stockholder and/or Beneficial Ownership *(List additional names on separate sheet)*

Facility State Licensure (If Applicable) Date

For new applicants only:

- Not Previously Accredited by Other Accrediting Organization
- Previously Accredited by Other Accrediting Organization

Name(s) of Other Organization: _____

Initial Survey Date _____ Class _____

Last Re-Survey Date _____ Class _____

X

Medical Director's Signature

Date