



600 Central Ave. Ste 265 | Highland Park, IL 60035

(direct) 847.775.1970 | (fax) 847.775.1985

info@QuadA.org

### Dental Facility Identification

Facility ID Number \_\_\_\_\_(to be assigned by QUAD A)

Dental Facility's Director \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Name(s) of Clinic Owner(s). Controlling Stockholder and/or Beneficial Ownership

\_\_\_\_\_

*(List Additional Names on Separate Sheet)*

Manager/Head Nurse: \_\_\_\_\_

Current QUAD A Class of Facility: \_\_\_\_\_

#### ACCREDITATION HISTORY

( ) Not Previously Accredited by QUAD A ( ) Previously Accredited by QUAD A

Initial Inspection Date \_\_\_\_\_ Class \_\_\_\_\_

Last Reinspection Date \_\_\_\_\_ Class \_\_\_\_\_

Other Accreditation \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Facility Licensure \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Dental Facility Director Signature \_\_\_\_\_ Date \_\_\_\_\_