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# QUAD A

7500 Grand Ave, Suite 200  
Gurnee, IL 60031

## Facility Identification Form

     **No Information Changes**

     **Information Changes Noted Below**

\_\_\_\_\_ **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)**

\_\_\_\_\_ **Name of Office Manager or Head Nurse**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **Suite**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**

\_\_\_\_\_ **Zip**

\_\_\_\_\_ **Phone**

\_\_\_\_\_ **Fax**

\_\_\_\_\_ **Website**

\_\_\_\_\_ **Email**

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

\_\_\_\_\_ **Facility Licensure**

\_\_\_\_\_ **Date**

- 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

\_\_\_\_\_ **Facility Director's Signature**

\_\_\_\_\_ **Date**