



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

(direct) 847.775.1970 | (fax) 847.775.1985

info@QuadA.org

Facility Identification

Facility ID Number _____ (to be assigned by QUAD A)

Facility/Medical 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)

OR Manager/Head Nurse: _____

Current QUAD A Class of Facility: _____

ACCREDITATION HISTORY

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

Initial Survey Date _____ Class _____

Last Survey Date _____ Class _____

Other Accreditation _____ Date _____

_____ Date _____

Facility Licensure _____ Date _____

_____ Date _____

Facility/Medical Director Signature _____ Date _____