



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