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

International Dentistry Facility Director's Attestation

The Dental Facility Director must attest that the facility meets all local, provincial, and federal regulations, since such governmental regulations may supersede QUAD A Standards. Please note, however, that the stricter regulation always applies.

Please complete and sign the following Dental Facility Director's Attestation document and return it to the QUAD A office.

Facility Director's Attestation

As Director of the (name of facility)_____, located at_____, I attest that this facility meets all applicable local, state/province, and national zoning and construction codes and regulations as mandated. I further acknowledge that wherever governmental regulations or codes supersede QUAD A Standards, the stricter rule is applicable, whether it is the local, state/province, national regulation or code or QUAD A Standard.

_____ _____

Dentistry Facility Director **Date**

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_____

QUAD A GLOBAL ACCREDITATION AUTHORITY
Patients First. *Always.*

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

Dental Staff Identification

QUAD A recognizes that significant differences exist in all countries related to the qualifications of dental clinic staff. QUAD A wants to assure that appropriate requirements are met for accreditation. All dentists working in the dental facility have completed appropriate medical and dental training to perform the procedures in their specialty. Where licensure exists, all dentists must be licensed; where specialty certification exists, all dentists must have appropriate certificates. If non-physicians use the facility they must be appropriately trained and must be licensed or certified where possible. Where applicable, no dentist may perform a procedure in the dental facility that he/she does not have privileges to perform in a local hospital.

Physician/Dentist:____
Specialty(s): ____________________________________
License #__________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ____________________________________
License #__________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ____________________________________
License #__________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ____________________________________
License #__________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ____________________________________
License #__________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

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

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

Physician/Dentist:____
Specialty(s): ___________________________________
License #_________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
Yes _______ No _________

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

International Anesthesiology Provider's Attestation

This signed and completed form is mandated by QUAD A for any facility contracting outside anesthesia providers to administer anesthesia to the facility's patients. QUAD A understands that more than one outside anesthesia provider may be utilized by the facility when scheduling these services, so each anesthesia provider that may be used by the facility must submit this information to QUAD A.
►*Please make photocopies of this form if more than one anesthesia provider may be used.*
Please read this attestation carefully, fill in the requested information, and return this completed form to QUAD A.
►As an independent anesthesiology provider for (name of facility):

_____

Located at: _____

►I attest that I will comply with all anesthesiology-related standards as published in the QUAD A Standards, Version 3.1 2017 as follows:

All standards published under Section 200.60 Equipment; all standards under Section 300 Recovery Environment, policy and Procedures; all Standards under Section 1000 Anesthesia Section ►
Anesthesiology Provider Credentials to be submitted:
Name of anesthesia provider:_____
Address of provider:_____
Telephone of provider:_____
Anesthesia provider's license number:_____
License expiration date:_____
License issuing country:_____

►I further understand that the facility and/or the anesthesia provider(s) are responsible for providing 100% of the facility's anesthesia equipment, medications, emergency and recovery supplies and equipment, in addition to all professional anesthesia services.

_____ _____
Anesthesia provider's signature Date

►As the Facility/Medical Director of the facility listed above, I attest that this information accurately reflects my facility's contracted outside anesthesia providers' attestation and my attestation to comply with all QUAD A anesthesia standards as listed.

_____ _____
Facility/Medical Director's signature Date

►This form must be completed and signed for each anesthesia provider and returned with the completed QUAD A accreditation application packet.

Self-Survey Attestation

As [Director/Administrator] of this facility, I attest that this facility meets all applicable local, state, and federal laws, regulations, rules, and codes ("Applicable Law"), including zoning and construction codes and regulations and Certificate of Need requirements. I further acknowledge that wherever Applicable Law differs from QUAD A Standards, the stricter is applicable, whether it is the Applicable Law or the QUAD A Standard. Wherever Applicable Law conflicts with QUAD A Standards, the Applicable Law supersedes the QUAD A standard. In other words, if the Applicable Law *expressly prohibits* the action the QUAD A standard requires, the Applicable Law will supersede the QUAD A standard.

In compliance with QUAD A's requirement for a self-survey to be conducted annually between routine onsite surveys conducted by QUAD A Surveyors (Standard 1-B-8), I further attest that our staff has conducted a thorough self-assessment of our facility based on:

- all applicable QUAD A standards according to the program in which we are enrolled using the checklist provided,
- the anesthesia class (as applicable),
- any geographically specific standards, and
- any other standards implementation that applies to our facility.

I also attest that we have compiled a comprehensive "Accreditation File" (including accurately recorded determinations of compliance with each standard, completed plans of corrective action based on our self-assessment, and documented evidence of corrections for any citations) and incorporated our findings and lessons learned into our quality assurance and quality improvement process. We will maintain a copy of the complete Accreditation File for a minimum of 3 years and make the same available to QUAD A surveyors at any onsite surveys.

Furthermore, I authorize QUAD A to release accreditation reports and corrective action plans to the state competent government authority for the jurisdiction(s) in which this facility is located upon request.

_____ _____

Director/Administrator Name (Print) Facility ID

_____ _____

Director/Administrator Signature Date