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International Physical Therapy Clinic Identification Form

 No Information Changes

 Information Changes Noted Below

Clinic Identification Number

Name of Clinic

Name of Clinic Administrator

Address

Suite

City

State

Zip

Phone

Fax

Website

Email

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

Clinic 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

Clinic Administrator's Signature

Date