



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

International Surgery Facility Director's Attestation

The Surgical 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 Surgical 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.

Surgery Facility Director

Date



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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 _____



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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 _____

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