



600 Central Ave. Ste 265 | Highland Park, IL 60035  
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info@QuadA.org

### Medical Director's Attestation

The Medical Director must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede QUAD A Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the QUAD A standard.

Please complete and sign the following document and return to the QUAD A office:

### Medical Director's Attestation

As Director of the (name of facility) \_\_\_\_\_,  
located at \_\_\_\_\_, I attest that  
this facility meets all applicable local, state, and federal zoning and construction codes and  
regulations, including Certificate of Need requirements, 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, federal regulation or code or QUAD A Standard.  
Furthermore, I authorize QUAD A to release accreditation reports and corrective action plans to  
the state Board or Federal government upon request.

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

## RHC Clinic Identification

\_\_\_ No Information Changes

\_\_\_ Information Changes Noted Below

Clinic Identification Number \_\_\_\_\_

Name of Clinic \_\_\_\_\_

Name of Clinic Medical Director (must be at a minimum a medical staff) \_\_\_\_\_

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**

## RHC Staff Identification Form

Please list all providers in the Clinic

\_\_\_\_\_  
**Name of Provider (Please Indicate Credentials – MD, DO, PA, NP)**

\_\_\_\_\_  
**State Medical License #**

\_\_\_\_\_  
**Hrs/Week**

\_\_\_\_\_  
**Name of Provider (Please Indicate Credentials – MD, DO, PA, NP)**

\_\_\_\_\_  
**State Medical License #**

\_\_\_\_\_  
**Hrs/Week**

\_\_\_\_\_  
**Name of Provider (Please Indicate Credentials – MD, DO, PA, NP)**

\_\_\_\_\_  
**State Medical License #**

\_\_\_\_\_  
**Hrs/Week**

\_\_\_\_\_  
**Name of Provider (Please Indicate Credentials – MD, DO, PA, NP)**

\_\_\_\_\_  
**State Medical License #**

\_\_\_\_\_  
**Hrs/Week**

\_\_\_\_\_  
**Name of Provider (Please Indicate Credentials – MD, DO, PA, NP)**

\_\_\_\_\_  
**State Medical License #**

\_\_\_\_\_  
**Hrs/Week**

## 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.

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Director/Administrator Name (Print)

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Facility ID

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Director/Administrator Signature

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Date