



7500 Grand Ave, Ste 200 | Gurnee, IL 60031
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QUAD A
7500 Grand Ave, Suite 200
Gurnee, IL 60031

OPT Clinic Identification Form

 No Information Changes

 Information Changes Noted Below

Clinic Identification Number

Name of Clinic

Name of Clinic Administrator (must hold at a minimum a Bachelor's degree)

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