

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

International Surgery Medical Director's Attestation

The Surgical Medical 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 Medical Director's Attestation document and return it 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
, , ,	and construction codes and regulations as mandated. I furthe ns or codes supersede QUAD A Standards, the stricter rule is itional regulation or code or QUAD A Standard.
And disciplinate Circuit as	
Medical Director Signature	Date

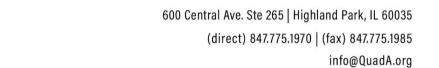


600 Central Ave. Ste 265 | Highland Park, IL 60035 (direct) 847.775.1970 | (fax) 847.775.1985 info@QuadA.org

Facility Identification Form

International Surgical/Dental

				Form Last Updated 3/6/2025
	ity Class: eck one)	Class A	Class B	Class C
Name of Facility	I	DBA		
Name of Medical Director (must be MD, DO, DPM	M, DMD, or DDS)	Email A	ddress of Medica	al Director (Required)
Address		Su	uite	
City	S	tate	Country	
Phone	F	ax		
Billing Contact Name (only receives Invoice e	emails) E	Billing Contact	Email Address	
Facility Owners, Controlling Stockholders an	nd/or Beneficial	Ownership (In	nclude Percentag	(ES) (List additional names on separate she
Facility State Licensure (If Applicable)	D	ate		
Website				
Facility Contacts that need to be included in a	all QUAD A cor	respondences:		
Full Name		Email Address	(
Full Name]	Email Address	<u>-</u>	
Full Name]	Email Address	1	
X				
Medical Director's Signature			Date	2





Current Staff Identification

QUAD A recognizes that significant differences exist in all countries related to the qualifications of surgical clinic staff. QUAD A wants to assure that appropriate requirements are met for accreditation. All physicians working in the surgery facility have completed appropriate medical and surgical training to perform the procedures in their specialty. Where licensure exists, all physicians must be licensed; where specialty certification exists, all physicians must have appropriate certificates. If non-physicians use the facility (such as podiatrists) they must be appropriately trained and must be licensed or certified where possible.

Physician/Dentist:	
Specialty(s):	
License #	
Physician/Dentist:	
Specialty(s):	
License #	
Physician/Dentist:	
Specialty(s):	
License #	
Physician/Dentist:	
Specialty(s):	
License #	_
Physician/Dentist:	
Specialty(s):	
License #	



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 #	
Physician/Dentist:	
Specialty(s):	
License #	
Physician/Dentist:	
Specialty(s):	
License #	-
Physician/Dentist:	
Specialty(s):	_
License #	
Physician/Dentist:	
Specialty(s):	_
License #	
Physician/Dentist:	
Specialty(s):	_
License #	
Physician/Dentist:	
Specialty(s):	_
License #	

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