



600 Central Ave. Ste 265 | Highland Park, IL 60035

(direct) 847.775.1970 | (fax) 847.775.1985

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



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RHC Facility Identification Form

Form Last Updated 3/6/2025

Facility Identification Number

Name of Facility

DBA

Name of Medical Director (Physician)

Email Address of Medical Director (Required)

Street Address

Suite

City

State

Zip

Phone

Fax

Billing Contact Name (only receives Invoice emails)

Billing Contact Email Address

Facility Owners, Controlling Stockholders and/or Beneficial Ownership (Include Percentages) *(List additional names on separate sheet)*

Facility State Licensure (If Applicable)

Date

Website

Facility Contacts that need to be included in all QUAD A correspondences:

Full Name

Email Address

Full Name

Email Address

Full Name

Email Address

X

Medical Director's's Signature

Date

Current RHC Staff Identification Form

Please list all providers in the Clinic

<hr/> Name of Provider (Please Indicate Credentials) <hr/>	
<hr/> State Medical License # <hr/>	<hr/> Hrs/Week <hr/>

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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