

**QUAD A International Physical Therapy Accreditation Application**

QUAD A will not process incomplete applications or applications without payment. They will be returned to the facility for completion.

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| --- | --- |
| Date: | |
| Accreditation program: Physical Therapy | |
| Legal business name of clinic (not DBA name): Administrator name: Administrator email address:  Previously accredited or denied accreditation by any accrediting organization?  \_\_ No \_\_ Previously Accredited \_\_ Denied  Name of Accrediting Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Note:   * Previous denial by QUAD A or another accreditation agency does not preclude application for accreditation. Any facility may reapply for accreditation at any time following receipt of a denial notification. * Failure to disclose previous accreditation, denial or revocation thereof may result in denial or loss of QUAD A accreditation. | |
| Alternate Facility Name (if applicable): | Type of Alternate Facility Name:  \_\_ Doing Business As (DBA) Name  \_\_ Other (Specify): |

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| **Facility Location Information:** | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Province/State: | | Country | Zip: |
| Telephone Number: | | Fax Number: | |
| Website Address: | | Email Address: | |
| **Facility Contact:** (We will contact this person if questions arise during the processing of this application.) | | | |
| Contact Name: | Email Address: | | |
| Telephone Number: | Fax Number: | | |

**Practitioners: Medical Specialty:** (as stated by board certification) **License Number:**

|  |  |  |
| --- | --- | --- |
| **Practitioner** | **License Number (if applicable)** | **Hours worked per week** |
| **1.** |  |  |
| Email address: | | |
| **2.** |  |  |
| Email address: | | |
| **3.** |  |  |
| Email address: | | |
| **4.** |  |  |
| Email address: | | |
| **5.** |  |  |
| Email address: | | |
| **6.** |  |  |
| Email address: | | |
| **7.** |  |  |
| Email address: | | |
| **8.** |  |  |
| Email address: | | |
| **9.** |  |  |
| Email address: | | |
| **10.** |  |  |
| Email address: | | |

# The following documentation must be sent along with the completed application by email or fax to:

**QUAD A**

**7500 Grand Ave, Suite 200**

**Gurnee, IL 60031**

**reception@QuadA.org**

**Fax: 847-775-1985**

* Floor plan of site
* Copy of professional license for each practitioner on staff
* Clinic Identification Form
* Staff Identification Form
* Clinic Administrator’s Attestation Form
* Clinic Administrator’s professional license or resume
* Ten random unique patient charts are available for review at the primary as well as any extension(s)

**Payment Information**

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| **Annual Fees for**  **International Physical Therapy Program** | |
| **Number of Full Time Practitioners** | **Annual Fee** |
| **Up to 5.0** | **$1,122** |
| **5.1 to 10.0** | **$2,244** |
| **10.1 and over** | **$3,366** |
|  |  |
| FTE = Full Time Employees providing care. Practitioners working 40 hours per week or more, or any combination of part-time practitioners equivalent to 40 hours per week are counted as one FTE. Any fraction of FTE will count toward establishing a proper fee. | |
| Facilities may not request an expedited survey. | |
| Annual fee and survey fees are subject to change. | |

# Annual Fees for International Physical Therapy Program

The on-site survey fee is $1,540 due at application and every three years thereafter.

Check payments are not accepted for international facilities.

Only wire transfer and credit card payments are accepted for Visa / MasterCard / American Express / Discover

Name on card: Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV Code #:\_\_\_\_\_\_\_\_\_ Expiration Date: /

Payment Amount: $

Signature:

*Please direct questions regarding payments and/or wire transfers to accounting@QUADA.org.*

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| If your bank uses ABA numbers for wire transfers, follow the  **ABA Transfer Information:**  NorthSide Community Bank ABA 071925680  5103 Washington Street  Gurnee, IL 60031  Beneficiary:  QUAD A International 7500 Grand Ave, Suite 200  Gurnee, IL 60031  Account Number: 107739  Amount Transferred: $ (please include additional $25 for bank fees): | If your bank uses SWIFT codes for wire transfers, follow the  **Swift Transfer Information:**  TIB-The Independent BankersBank 2151 W White Oaks Drive Springfield, IL 62704  SWIFT code: TIBBUS44  Beneficiary:  071925680 – NorthSide Community Bank 5103 Washington Street  Gurnee, IL 60031  For Further Credit:  QUAD A International 7500 Grand Ave, Suite 200  Gurnee, IL 60031  Account Number: 107739  Amount Transferred: $ (please include additional $25 for bank fees): |

**Payment and Billing**

QUAD A will not process applications without payment. Provide your billing contact below for any questions regarding your facility’s payment.

Billing Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment by credit card

You may submit your application via email to [accounting@QuadA.org](mailto:info@QuadA.org) or if you prefer, you may pay with a credit card over the phone. A member of our accounting department will contact you at the number above. If the billing contact is not reached by the end of the day, this application will be destroyed and will have to be resubmitted. Applications will not be held for more than 24 hours.

If the credit card is declined, a member of the accounting department will call the billing contact for an alternate credit card. If billing contact cannot be reached by the end of the day, this application will be destroyed, and it will have to be resubmitted. Applications will not be held for more than 24 hours.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card type: | Visa | MasterCard | American Express | Discover |
| Name on card: |  | | Card #: |  |
| Billing zip code: |  | Three-digit code: | Exp. Date: | Signature |

***Fee and refund policy:***

*The first-year accreditation annual fee plus the initial survey fee is due with each accreditation application. Additional fees will apply if special survey requests are made or for those facilities located outside the continental USA.*

*If the facility withdraws its application after it has been submitted and processed, QUAD A will refund 50% of the annual fee and 100% of the survey fee if the facility has not been surveyed. If the facility was surveyed, only 50% of the annual fee would be refunded. No refunds are issued after the facility is fully accredited.*

*If the facility has not confirmed a survey date within 12 months of the date of application submission, a new application and appropriate fees are required.*

*In the event that a survey date is confirmed prior to the 12-month timeframe but will occur beyond that timeframe (the confirmed survey date cannot be beyond three months after expiration) the survey cannot be postponed, rescheduled, or cancelled. If such occurs, the facility must re-apply for accreditation and re-submit the survey and annual fee. No refunds will be issued if the application expires.*

*Once an anniversary date is established upon achieving accreditation, the facility will be invoiced six months prior to the annual anniversary date. If a facility does not pay its fees by the due date on the invoice, late fees will be applied, and other penalties will follow. If the facility’s accreditation is revoked or terminated for any reason, no fees are refunded.*