



## **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 fe	ederal zoning and construction codes and
regulations, including Certificate of Need requirement	its, as mandated. I further acknowledge that
wherever governmental regulations or codes supersed	de QUAD A Standards, the stricter rule is
applicable, whether it is the local, state, federal re-	egulation or code or QUAD A Standard.
Furthermore, I authorize QUAD A to release accredita	ation reports and corrective action plans to
the state Board or Federal government upon request.	
Medical Director	Date