



## QUAD A Surveyor Attestation Form (QUAD A Program)

### *Our Mission:*

“Patient safety is the mission of QUAD A Global Accreditation Authority”

### *Surveys:*

The facility is surveyed initially and every three years thereafter. The facility surveyor will review in a didactic fashion any deficiencies with the facility director and forward the Surveyor Handbook to the QUAD A Office. To be accredited by QUAD A, the facility must meet every standard for its Class (A, B, C-M, or C).

### *Facility Surveyors:*

Our facility surveyors are professionals that represent our organization. Therefore, all QUAD A Surveyors, whether currently practicing in an ABMS recognized specialty or retired are asked to provide the following information to the QUAD A Office prior to receiving authorization to conduct a survey.

- Complete curriculum vitae or resume of training
- A photocopy of your most recent state professional license
- Signed and dated Surveyor’s Attestation Form (on next page)

Physician or Nurse Name: \_\_\_\_\_

Specialty(s)ABMS/ABPS/AOABoard: \_\_\_\_\_ Years Certified or Eligible: \_\_\_\_\_

State(s) Medical License: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Currently practicing: \_\_\_ Yes \_\_\_ No OR Retired \_\_\_ Year retired \_\_\_\_\_

Amount of notice you request prior to a survey: \_\_\_\_\_

Do you have multiple states where you would be available for surveys? \_\_\_ Yes \_\_\_ No

If so, please list states and months you are available to perform a survey in each state: \_\_\_\_\_

Are you willing to travel to do surveys? \_\_\_ Yes \_\_\_ No Reasonable travel expenses will be reimbursed per QUAD A reimbursement guidelines.

Please sign this form, and return it along with a copy of your CV and a photocopy of your license, to the QUAD A Office.

## Surveyor's Attestation Form – QUAD A Program

I attest that I, \_\_\_\_\_ meet the following basic criteria to be certified as an QUAD A Surveyor. (Name)

*Please initial each box to indicate your compliance:*

- I have never been found to be in violation of the Code of Ethics of any professional society or association. List any exceptions to the above \_\_\_\_\_
- I have never had my right to practice medicine and surgery limited, suspended, terminated or otherwise affected by any state, providence, or country and have never been disciplined by any medical licensing authority. List any exceptions to the above \_\_\_\_\_
- I fully understand and will uphold and comply with all QUAD A Standards and Policies in the survey of facilities on behalf of QUAD A. No exceptions.
- I understand that in case of dispute, the QUAD A Board of Directors has the right to revoke or deny my certification status as an AAAASF surveyor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for partnering with QUAD A, *The Gold Standard in Accreditation*<sup>™</sup>