

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

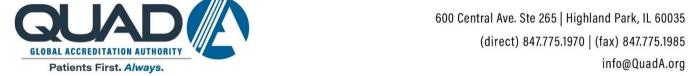
### **International Surgery Facility Director's Attestation**

The Surgical Facility 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 Facility Director's Attestation document and return it to the QUAD A office.

## **Facility Director's Attestation**

As Director of the (name of facility)	, located
at	, I attest that this facility meets all
acknowledge that wherever governmental regula	ning and construction codes and regulations as mandated. I further ations or codes supersede QUAD A Standards, the stricter rule is at national regulation or code or QUAD A Standard.
Construction Disaster	
Surgery Facility Director	Date



#### **Surgical Staff Identification**

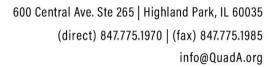
QUAD A recognizes that significant differences exist in all countries related to the qualifications of surgical clinic staff. QUAD A wants to assure that appropriate requirements are met for accreditation. All physicians working in the surgery facility have completed appropriate medical and surgical 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. Where applicable, no physician may perform a procedure in the surgery facility that he/she does not have privileges to perform in a local hospital.

Physician/Dent	ist:
Specialty(s):	
License #	
Has privil <u>eges a</u>	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No
Physician/Dent	ist:
Specialty(s):	
License #	
Has privil <u>eges a</u>	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No
Physician/Dent	ist:
Specialty(s):	
License #	
Has privil <u>eges a</u>	t local accredited or licensed acute care hospital for all procedures done at this facility
Yes	No



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<b>Physician/Dent</b>	ist:
License #	
Has privileges a	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No
Physician/Dent	ict·
Specialty(s):	ist:
	t local accredited or licensed acute care hospital for all procedures done at this facility:
_	No
Physician/Dent	ist:
Specialty(s):	
License #	
Has privileges a	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No
Physician/Dent	ist:
Specialty(s):	
Has privileges a	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No
Dharisian /Dant	
	ist:
	t local accredited or licensed acute care becaltal for all procedures done at this facility.
	t local accredited or licensed acute care hospital for all procedures done at this facility:
Yes	No





# **Facility Identification**

Facility ID Number	(to be assigned by QU	JAD A)	
Facility/Medical Director			
Name of Facility			
Address		Suite #	
City	Country	Postal Code	
Phone	Fax		_
Website	Email		
Name(s) of Clinic Owner(s). Controlling S	tockholder and/or Benef	cial Ownership	
(List Additional Names on Separate Sheet)			
OR Manager/Head Nurse:			
Current QUAD A Class of Facility:			
ACCREDITATION HISTORY			
( ) Not Previously Accredited by QUAD A	() Previously Accredite	ed by QUAD A	
Initial Survey Date		Class	
Last Survey Date		Class	
Other Accreditation		Date	
	Date		
Facility Licensure		Date	
	Date		
Facility/Medical Director Signature		Date	

#### **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