7500 Grand Ave, Ste 200 | Gurnee, IL 60031
(direct) 847.775.1970 | (fax) 847.775.1985
info@QuadA.org

Facility Identification

Facility ID Number _____ (to be assigned by QUAD A)

Facility/Medical Director _____

Name of Facility _____

Address _____ Suite # _____

City _____ Country _____ Postal Code ___ - _____

Phone _____ Fax _____

Website_____ Email_____

Name(s) of Clinic Owner(s). Controlling Stockholder and/or Beneficial 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 Accredited by QUAD A

Initial Survey Date _____ Class _____

Last Survey Date _____ Class _____

Other Accreditation _____ Date _____

_____ Date _____

Facility Licensure _____ Date _____

_____ Date _____

Facility/Medical Director Signature _____ Date_____