# ACTIVE FACILITY - INACTIVATION / REFUND - FORM

Inactivation of Accreditation for Active Facilities Policy :

All refunds due to inactivation need approval by the Executive Director. The formal request must be signed by the director of the facility, or responsible party, if the director of the facility is no longer reachable. The request should include pertinent documents to back up argument of request if available.

The amount of the refund for inactivation is determined as follows:

* Inspection fee is fully refundable, if one was paid but no inspection was performed. No refunds on inspections performed.
* 100% Refund of annual fee if proper inactivation request is received and services were not rendered. A $100.00 administrative fee will be subtracted from each refund.
* 50% Refund of annual fee if proper inactivation request is received and services were rendered. A $100.00 administrative fee will be subtracted from each refund.
* If a facility has received their certificate, no refunds will be issued
* Late fees are not refundable
* No refunds will be issued to facilities with revoked accreditation

Facility Name: Facility ID#:

Facility Director’s Name:

Notification Date: Inactivation Date Requested:

# - INACTIVATION DATE CANNOT BE BACKDATED -

**Current Phase** (check one):

2nd Year Self 3rd Year Self  Re-survey

# Reason for Inactivation (Continued on Page 2)

Change of Ownership or Move\*\*  Closure of Business\*\*

\*\*Please provide a mailing address for where we are to send any applicable refund, *following the closure of your business*

Name Address City/State/Zip

# Reason for Inactivation (Continued)

Fees too high  Didn’t qualify for QUAD A accreditation

Dissatisfied with QUAD A (Please explain below)

Explanation:

Other (Please explain below)

Explanation:

Services Rendered (Have renewal documents been processed?) Yes  No

Signature of Medical Director:

By signing this form, you are submitting a request for inactivation and refund (if applicable), you also agree with the Inactivation for Accredited Facilities Policy.

# Once this form is completed and signed, please submit via email to [reception@quada.org](mailto:reception@quada.org)

If you have any suggestions for how we might improve, please contact us at [reception@quada.org](mailto:reception@quada.org)