



## APPLICATION for CERTIFICATION

Submission of this application will initiate a request for REVIEW and CERTIFICATION by the Pediatric Prepared Emergency Care Program endorsed by the Arizona Chapter – American Academy of Pediatrics. **Please complete all areas of requested information.**

<b>Date:</b>	
<b>Facility:</b>	
<b>Address:</b>	
<b>Facility Main Telephone:</b>	
<b>Certification Contact Person:</b>	
<b>Title:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

**TYPE OF CERTIFICATION REQUESTED (check box BELOW)**

- |   |   |
|---|---|
| <input type="checkbox"/> INITIAL CERTIFICATION [3 year certification] | <input type="checkbox"/> RE-CERTIFICATION |
| <input type="checkbox"/> FOCUSED REVIEW (FOLLOW-UP ON DEFICIENCIES)   |   |

**LEVEL OF CERTIFICATION REQUESTED (check box BELOW)**

**FEE**

<input type="checkbox"/>	<b>Pediatric Prepared Care</b>	<b>\$1,000</b>
<input type="checkbox"/>	<b>Pediatric Prepared Plus</b>	<b>\$1,500</b>
<input type="checkbox"/>	<b>Pediatric Advanced</b>	<b>\$2,000</b>
<input type="checkbox"/>	<b>Critical Access Hospital/IHS/Tribal facility</b>	<b>\$ 500</b>

<p><b>Special Requests/Consideration</b></p> <div style="border: 1px solid black; height: 100px;"></div>	<p><b>Meeting Location</b></p> <p>Where would you like the team to meet upon arrival, please be specific?</p> <div style="border: 1px solid black; height: 100px;"></div>
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The undersigned Health Care Institution has applied for Membership in the Arizona Chapter – American Academy of Pediatrics’ Pediatric Prepared Emergency Care program. Applicant requests certification or re-certification under the established standards, criteria and protocols of the Voluntary Certification Process (a Quality Assurance Process, A.R.S. 36-2401).

The Applicant agrees to cooperate with the Site Visit Team and its activities in completion of the Voluntary Certification Process. This application shall constitute Applicant’s written authorization to the Arizona Chapter – American Academy of Pediatrics as its agent to make a Health Care Utilization and Health Care Practices Review within Applicant’s emergency department and related facilities for the purposes of reducing morbidity and mortality and for the improvement of the care of its patients (A.R.S. 36-441 & 445).

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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**ARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS**

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