



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.**

Date:	
Facility:	
Address:	
Facility Main Telephone:	
Certification Contact Person:	
Title:	
Telephone:	
Email:	

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

- INITIAL CERTIFICATION [3 year certification]
 RE-CERTIFICATION
 FOCUSED REVIEW (FOLLOW-UP ON DEFICIENCIES)

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

FEE

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

Special Requests/Consideration	Meeting Location
	Where would you like the team to meet upon arrival, please be specific?

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 and 36-2402).

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).

Signature:	Title:	Date:
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