



ARIZONA PERINATAL REGIONAL SYSTEM, INC.

the performing corporation of the
ARIZONA PERINATAL TRUST
711 E. Cottonwood Lane, Suite C
Casa Grande, AZ 85122
Office: 520-421-9880 Fax: 520-421-9883
www.azperinatal.org

**Voluntary Certification Program
Application for Certification**

Date:	
Hospital:	
Address:	
APT Hospital Contact Name:	
Title:	
Phone:	
Email:	
Initial Certification Date & Level:	

LEVEL OF CERTIFICATION

- In-House Birthing Center (IHS only)
- Level I - Perinatal Care Center
- Level II - Perinatal Care Center
- Level IIE - Perinatal Care Center*
- Level III – Perinatal Care Center
- Level II – Freestanding Neonatal Care Center
- Level III – Freestanding Neonatal Care Center

**Re-certification only - not accepting applications for New Level IIE PCC's until revision of 2012 Recommendations and Guidelines is completed.*

APPROVED SPECIALIZED SERVICES FOLLOWING PILOT PROJECT (please provide policies and data at site visit)

- Nasal CPAP/High Flow O2 (Level II)
- High Frequency Ventilation (Level IIE licensed NICU beds)
- Nitric Oxide Therapy (Level IIE licensed NICU beds)

Special Requests/Considerations
Location: Please provide location (main hospital lobby, WIS lobby, etc.) for site visit team to meet upon arrival. PLEASE ATTACH CAMPUS MAP.
Parking Area: Please provide parking location for Site Visit Reviewers. PLEASE ATTACH CAMPUS MAP.

The undersigned Health Care Institution applies for Membership in the Arizona Perinatal Regional System, Inc. an Arizona Non-Profit Health Care entity. 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 Perinatal Regional System, Inc. as its agent to make a Health Care Utilization and Health Care Practices Review within Applicant's perinatal 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: