



PROVIDER ACCREDITATION SURVEY

This survey is available on-line at:

http://www.surveymonkey.com/s.aspx?sm=YjaQtXAOA1SxZajtZSzEBA_3d_3d

1. Agency Name: _____

2 Contact Person/Phone Number/Email Address:

3. Which accrediting body has your agency selected?

4. Which services will be accredited? _____

5. Please indicate where you are in the Accreditation process.

- Have not yet chosen accrediting body to work with
- Have chosen accrediting body but, have not began self study
- Have began self study
- Have completed self study and are awaiting on-site survey
- Have had on-site survey and are awaiting results
- Have had on-site survey and are implementing required changes
- Have received accreditation

6. When do you anticipate to be completed with the process and to receive accreditation?
(If accredited, when were you accredited and when will you be reaccredited?)

Please complete on-line or submit form to :
ACR LME, ATTN: Helen Feroli
319 N. Graham Hopedale Road, Burlington NC 27217
FAX: 336-513-4422
Email: hferoli@acmhdds.org