



1. List all locations owned or operated by \_\_\_\_\_ at which services are provided and will be included in the accreditation site survey process. Please provide all requested information. If more space is needed please use a separate sheet of paper and provide any additional information.

Name	Street Address	Date Location Opened	Travel Time From Primary Facility

2. Indicate the date Staffing Agency was founded \_\_\_\_\_  
Month and Year
3. Does the Staffing Agency employ a Medical Professional for screening, interviewing and clinical risk management duties? \_\_\_\_Yes \_\_\_\_No
4. Are there any other special services or unusual features of the Staffing Agency that should be considered in planning the survey? \_\_\_\_Yes \_\_\_\_No **If so, what are they:** \_\_\_\_\_
5. Name of individual to whom the accreditation decision letter should be addressed: \_\_\_\_\_
6. Are there any employees in your Staffing Agency whose license is currently under review by any State Regulatory Board? \_\_\_\_Yes \_\_\_\_No **If Yes, how many?** \_\_\_\_\_.
7. Are there any employees currently in your Staffing Agency whose license has been suspended, revoked or voluntarily surrendered? \_\_\_\_Yes \_\_\_\_No **If yes, what were the circumstances?** \_\_\_\_\_
8. Has the Staffing Agency or governing body placed any limitations or conditions on any employee's privileges? \_\_\_\_Yes \_\_\_\_No **If Yes, what are they?** \_\_\_\_\_
9. Are there any litigation cases currently pending or settled within the past 5 years against the Staffing Agency and/or employee? \_\_\_\_Yes \_\_\_\_No **If Yes, please attach all relevant documentation to complaint & outcome.**
10. Has the Staffing Agency or any of its officers or principal administrators been sanctioned or had disciplinary actions by any professional medical society, accreditation or review body? \_\_\_\_Yes \_\_\_\_No
11. Has the Staffing Agency had any unfair labor practice filings or any other litigation involving the Staffing Agency or its officers? \_\_\_\_Yes \_\_\_\_No **If Yes, please attach all relevant documentation to complaint & outcome.**
12. Number of Employees: Fixed Office Staff: \_\_\_\_\_ Temporary Placement Employees: \_\_\_\_\_  
 Aides \_\_\_\_\_  
 LPN's \_\_\_\_\_  
 RN's \_\_\_\_\_  
 NP's \_\_\_\_\_  
 Other \_\_\_\_\_
13. Payroll: Please take the last 3 month payroll totals, divided by 3 = average payroll dollars \_\_\_\_\_
14. If background check is performed, what is checked? \_\_\_\_\_
15. Describe services performed by LPN's: \_\_\_\_\_
16. Describe services performed by RN's: \_\_\_\_\_

17. Describe the services performed by any other professional: \_\_\_\_\_  
\*\*\* Please attach additional documents (i.e. job descriptions, additional descriptions of services to this application)

18. Insurances (Current Carrier, Contact Name, Phone Number, Address):  
Commercial General Liability: \_\_\_\_\_  
Professional Liability: \_\_\_\_\_  
\$\$\$ Limits: Aggregate \_\_\_\_\_ Each Occurrence \_\_\_\_\_  
Workman's Comp or Substitute: \_\_\_\_\_

19. Prior Coverage:

Insurance Company	Year	Premium	Any Claims	Description

20. Is the applicant aware of any circumstances which may result in a claim? If yes, please explain:  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

21. Policy Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**So that we may serve you better, please respond to the following question:**

How did you first learn about SAS accreditation? \_\_\_\_\_

How long has your organization been considering the SAS accreditation process? \_\_\_\_\_

What factors have contributed to your desire to accredit your organization?  
(Please rank in order of importance, "1" most important, "2" second most important, etc.)

- \_\_\_\_ To communicate and market your agencies standards of ethics, compliance and quality to healthcare providers.
- \_\_\_\_ To obtain educational and consultative guidance.
- \_\_\_\_ To meet state (or federal) legislative/regulatory requirements.
- \_\_\_\_ To meet client mandate
- \_\_\_\_ Other factors

**Please provide the Name of Organization and Contact Person for any providers you would like notified with a confirmation letter that you are proceeding with the credentialing process. If you need additional space, please attach a separate sheet with the appropriate information:**

Name Of Organization	Contact Person	Address

**COMMISSION ACTION FOR ACCREDITATION STATUS: NOTIFICATION GENERALLY WITHIN 30 DAYS OF ON-SITE VISIT**

SAS will maintain as confidential all information provided to it with respect to any organization that is seeking or has obtained accreditation, will use such information solely for purposes of reaching an accreditation decision, and will not disclose such information to any third party except (1) on prior written authorization from the organization; (2) as otherwise provided in the *SAS Manual of Standards*; or (3) as otherwise required by law.

All written or verbal information provided to SAS regarding the survey and/or accreditation process must be accurate and true. Providing falsified documents or information for use in evaluating compliance with SAS standards may be grounds for denial or revocation of an organization's accreditation status or may result in termination of the application whereby SAS will cease doing business with the organization.

The applicant is subject to the current accreditation policies and procedures of SAS. By signing this Application for Accreditation Survey, applicant agrees to the accreditation policies and procedures of SAS as amended from time to time. As an accredited organization, the applicant will receive notice regarding changes in SAS's policies and procedures. In addition, all changes to SAS's policies and procedures will be published in the most recent edition of the *Manual*.

The undersigned makes application to the SAS for an accreditation survey of the organization named above encompassing all components of the legal entity. The undersigned certifies that the organization meets the survey eligibility criteria, and grants permission to the state licensing agency or any other relevant examining or reviewing group to release official records of the organizations to the SAS if necessary for its consideration concerning accreditation.

The applicant recognizes and agrees that it shall not be entitled to monetary damages, whether compensatory, consequential, collateral, punitive or otherwise, from SAS, its officers, directors, employees, agents, surveyors, or members of its committees as a result of any controversy or claim with SAS arising out of any procedures, actions or decisions with respect to accreditation.

In the unlikely event that the applicant has any controversy or claim with SAS arising out of any procedures or decision with respect to accreditation, the applicant hereby agrees that applicant shall have the right to reconsideration or appeal of such decision in accordance with the SAS's appeal procedures in effect at the time of such appeal and, upon final decision by the Board of Directors of SAS, to submit such decision for settlement by arbitration administered by the American Arbitration Association in Dallas in accordance with its Commercial Arbitration Rules. Judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Applicant hereby waives all other rights to sue or to resolution of any such claims against SAS, its officers, directors, employees, agents, surveyors, and members of its committees in a court of law.

Chief Administrative Officer \_\_\_\_\_  
Name Title

Signature of Chief Administrative Officer \_\_\_\_\_  
Signature Date

***To assist SAS in making travel arrangements and accommodations for the survey team, please provide the following information:***

Name and location of most convenient airport \_\_\_\_\_

Approximate distance (in miles) from staffing agency \_\_\_\_\_

Please recommend two comfortable hotels/motels which are close to the survey site and have convenient restaurant access:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_(\_\_\_\_)\_\_\_\_\_ Telephone: \_(\_\_\_\_)\_\_\_\_\_