



**NORTH AMERICAN ASSOCIATION
FOR AMBULATORY URGENT CARE**

Urgent Care Certification Application

This is the first phase of application for NAFAC Urgent Care Certification conducted by the North American Association for Ambulatory Urgent Care (NAFAC). This Urgent Care Certification is provided in the United States and Canada by NAFAC and is exclusive property of NAFAC.

Following the completion of this application, you will be notified of approval status. The self-examination documents will then be forwarded to your center.

» Applicant Information

Date: ____/____/____

Application Prepared By: _____ Title: _____

Primary Certification Contact: _____ Title: _____

Center Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Principles: _____

Is your center affiliated with a hospital? _____ If so, are you currently JCAHO Accredited? _____

Do you hold any other Accreditations? _____ If so, which? _____

What type of business relationship/structure do you have with the hospital? (Use *Additional Information* page if necessary)

Number of Centers: _____ (Please complete an *Individual Center Information* form for each center)

Legal entity (PA, Inc., LLC, etc.): _____

Association Affiliations: Organization	Check if member	Number of years of membership
NAFAC – North American Assoc for Ambulatory Urgent Care		
AMA – American Medical Association		
ACEP – American College of Emergency Physicians		
AAFP – American Academy of Family Physicians		
MGMA –Medical Group Managers of America		
Other:		

Malpractice Insurance Carrier: _____

Is the policy current? _____

Please list any pending or past claims:

Please list your full-time physicians and boards (use *Additional Information* page if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

If you have a Board of Directors, please list:

Medical Director: _____ Owner? _____

Do you hold regular physician staff meetings? _____ How often? _____

Do you have education meetings and CME? _____

What type of support staff do you have? (RN, LPN, etc.) _____

What type of medical documentation is used (manual, electronic, both)? Please explain:

Do you do independent X-Ray over-read? _____

Explain: _____

Please include any brochures you have describing your centers.

» Signature

We/I attest that the information submitted is complete and accurate as of the date below. Furthermore, we/I agree to immediately notify NAFAC of any significant changes in this information. We/I therefore submit and agree to enter into the NAFAC Urgent Care Certification process/terms and have included full payment. We/I understand the NAFAC Urgent Care Certification process is an exclusive copy right product and procedure of NAFAC. We/I understand that full and continuous membership with NAFAC is required for Certification to remain valid. We/I understand re-certification will be expected on terms established by NAFAC.

Name _____ Date _____

» Certification Process Steps

Application (Center)
Approval of Application (NAFAC)
Self Audit Examination (Center)
Self Audit Examination Submitted (Center)
Self Audit Examination Review and Approved (NAFAC)
Certification granted for (3) years
NAFAC Membership for (3) years included (Corporate Level)
Certificate Commissioned
Certification Registered
Membership Verified
Establish (3) year renewal date

» Payment Information

Please complete this Application form, include \$1,250.00 by check or credit card, and send to: NAFAC, Certification Department, 18870 Rutledge Road, Minneapolis, Minnesota, 55391. Please call us at 952-476-0015 if you have questions.

» Credit Card Information

Type: (NOTE: We do not accept American Express)		<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Discover
Name on card:	<input type="text"/>	Security#	<input type="text"/>	
Card Number:	<input type="text"/>	Expiration:(mm/yy)	<input type="text"/>	
Signature:	<input type="text"/>			

» Individual Center Information

Please copy this form and complete (1) for each of your centers.

Center Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Does this location have a trauma/procedure room(s)? _____ How many? _____

Number of exam rooms: _____

Which services do you provide? Please describe:

Please check all that apply	Description
<input type="checkbox"/> Urgent Care	
<input type="checkbox"/> Primary Care	
<input type="checkbox"/> Specialty Care	
<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Laceration Care	
<input type="checkbox"/> Fracture Care	
<input type="checkbox"/> Emergency Life Support	
<input type="checkbox"/> Radiology (please indicate film or digital)	
<input type="checkbox"/> Lab Services (please list and at what level – CLIA, COLA, etc.)	
<input type="checkbox"/> Other Services	

Type of Practice (urgent care, occupational, etc.): _____

Years center in practice: _____

Hours of operation: _____



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NAFAC Recommends:

NAFAC wants to verify that each Urgent Care Center who makes an application for Urgent Care Certification is in compliance with all State and Federal laws regulating the private practice of medicine. Will you please confirm, by your initials, that you are in compliance or please explain why you are not?

- Have a License to practice medicine_____
- Comply with State regulations of Professional Associations_____
- Comply with State Regulation of the Practice of Medicine by The Board of Medical Examiners_____
- Comply with State & Federal requirement for Continuing Medical Education_____
- Comply with Federal Regulation and licensing by DEA Drug Enforcement Association_____
- Comply with State Regulation of Medical Malpractice_____
- Comply with State Reporting Regulation for Medical Malpractice_____
- Comply with State & Federal provider Regulations for Medicare and Medicaid_____
- Comply with State & Federal Work Comp Regulation and Reporting Requirement, NIOSH, DOT, BAT, DEA, etc._____
- Comply with CMS/HCFA 1500 documentation and Reporting and Audit Requirements_____
- Comply with State & Federal Regulation and Licensing of Radiology & Service_____
- Comply with State & Federal CLIA Regulation Licensing of Laboratory Services_____
- Comply with State & Federal Regulation of Life Support Licensing_____
- Comply with State Regulation and Licensing of Nursing_____
- Comply with State Regulation and Licensing of Physicians Assistance_____
- Comply with State Regulation and Licensing of Nurse Practitioners_____
- Comply with State Regulation and Licensing of Medical Assistants_____
- Comply with Federal & State Hazardous waste and Sharps Regulation_____
- Comply with State & Federal Equal Opportunities, Disabilities, and Employment Regulation_____
- Comply with State & Federal Building code and disability access Regulations_____

