



APPLICATION FORM

Application date:

Name:

Address:

Country:

Contact person:	
E-mail:	Telephone:

Chief Executive Officer:

Number of full-time employees:	Number of beds (ADC):	Number of births (maternity only):
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Scope of Certification (ISO 9001:2015 only):

- Service:**
- International Accreditation
 - Web Content Certification
 - ISO 9001:2015 Certification
 - Other:
 - Maternity Clinical Excellence Certification
 - Acute Stroke Clinical Excellence Certification
 - Endoscopy Clinical Excellence Certification

Off-Site Name	Description of services provided	Site address	Distance from main location (km)	Number of Employees

Type of services provided:

- Hospital
- Psychiatric hospital
- Outpatient / Specialist Centre
- Primary Care Provider
- Dental facility
- Wellness and Spa
- Other:

Please indicate which services or departments you provide:

Services	Provided	Outsourced
Outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Moderate sedation (dental organizations only)	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care unit	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric services	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
Food and dietary	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric and behavioral services	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>
Infection prevention and control	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>
Transplantation services	<input type="checkbox"/>	<input type="checkbox"/>
Emergency services	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

AACI USE ONLY

Applicant organization suitable for AACI program: Yes

No

If "No", please specify the reason: