

Order Form: Certificate for AAAHC Medical Home On-Site Certification program



One complimentary certificate per program site is provided to organizations that receive a three-year certification decision. **This form is for additional certificates only.** Please allow 6-8 weeks for delivery.

Organization ID#

Certificate Line 1: Organization Legal Name (as listed on the *Application for Survey*)

Certificate Line 2 (optional): DBA or Satellite Facility Name (if included in the accreditation survey. For multiple satellites, please list names on an additional page.)

Phone Contact name (person placing order)

Additional certificates:

Description	Quantity	Item cost	Total
Standard certificate (8 1/2 x 11)		\$25	
Standard certificate/pkg. of 2		\$45	
Total:			

Note: Frames are ordered separately.

Payment information:

Complete the information below and mail, fax (847.324.7704), or scan and e-mail (orderdesk@aaahc.org).

I have enclosed check # _____ in the amount of \$ _____.

Payable to: AAAHC
5250 Old Orchard Road, Ste, 200
Skokie, IL 60077

Please charge my credit card in the amount of \$ _____.

Card number Expiration

Cardholder name Card security code

Cardholder signature

Shipping information:

Check here if mailing address is the same as facility address.

Name

Organization

Address

City

State Zip