

Order Form: Certificate of Accreditation

One complimentary certificate is provided to organizations that receive a three-year term of accreditation. To order a complimentary certificate, please indicate the preferred size below. 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 (as listed on the Application for Survey) or Satellite Facility Name (if included in the accreditation survey/For organizations with multiple accredited satellites, please attach a separate sheet with a list of names.)

Phone

Contact name (person placing order)

Email

Complimentary certificate (select size): Standard (8 ½ x 11) Large (12 x 16)

Additional certificates:

Description	Quantity	Item cost	Total
Standard certificate/pkg. of 2		\$25/\$45	
Large certificate Size not available for NY office-based surgery facilities		\$45	
Package of 1 Large and 2 Standard certificates		\$85	
Dental Home* Certificate (8 ½ x 11 only)		\$25	
Medical Home* Certificate (8 ½ x 11 only)		\$25	
Note: Frames are ordered separately.			
Total:			

Payment information:

Complete the information below and mail, fax (847.853.9028), 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