



quality every day  
1095 STRONG

## Order Form: Certificates of Accreditation or Certification

One complimentary certificate is provided to organizations that receive a three-year term of accreditation or advanced orthopaedic certification. 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) one (1) per organization:**     **Standard** (8.5 x 11)                       **Large** (12 x 16)

**For Orthopaedic Certification, please select specialty:**     Total Joint     Complex Spine     Total Joint/Complex Spine

### Additional certificates:

#### Description

#### Quantity

#### Item cost

#### Total

Description	Quantity	Item cost	Total
Standard Accreditation certificate: single/pkg. of 2		\$25/\$45	
Large Accreditation certificate (12 x 16) (Size not available for NY office-based surgery facilities or Medical Home program)		\$45	
Large Certification certificate (12 x 16) Orthopaedic only		\$45	
Package of 1 large and 2 standard Accreditation (not available for all programs)		\$85	
Dental Home Accreditation* certificate (8 ½ x 11 only)		\$25	
Medical Home* Accreditation certificate (8 ½ x 11 only)		\$25	
Medical Home* On-Site Certification (8 ½ x 11 only)		\$25	
<b>Note: Frames are ordered separately.</b>	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

Street address

City

State

Zip

\*Dental Home and Medical Home certificates of accreditation or certification are available only to organizations that have undergone a successful AAAHC Accreditation or Certification survey including Dental Home or Medical Home.