



7500 Grand Ave, Suite 200
Gurnee, Illinois 60031

Toll Free: 1-888-545-5222
Phone: 847-775-1970
Fax: 847-775-1985
reception@aaaasf.org
www.aaaasf.org

International Application

Date: _____ Check the appropriate facility class: A B C-M C

Please select accreditation program: Dental Surgical

Facility Specialty: _____

Facility/Medical Director: _____

Facility Name: _____

Street Address: _____

City: _____ Province/State: _____

Zip: _____ Country: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Website: www. _____

Operating Room Supervisor/Head Nurse: _____

Please see payment information on the next page.

Payment Information

ANNUAL FEES FOR INTERNATIONAL ACCREDITATION ALL PROGRAMS	
Number of Dentist / Physicians / Diagnostic Personnel	Annual Fee (does not include Survey fee)
Small, 1 to 3	\$1,545
Medium, 4 to 9	\$4,100
Large, 10 to 20	\$7,100
Over 20	Negotiated Fees
Annual fee based on the total number of dentists, physicians or diagnostic personnel and total number of specialties of the dentists, physicians or diagnostic personnel.	
Facilities may not request an expedited survey.	
Annual fee and survey fees are subject to change.	

Annual Fees for International Programs once accredited

The on-site survey fee is \$1,900 due at application and every three years thereafter.

Check payments are not accepted for international facilities.

Only wire transfer and credit card payments are accepted for international facilities.

Select Payment option: Credit Card Wire Transfer (Please add \$25 for bank fees)
 Payment by Credit Card (Check credit card type): Visa MasterCard American Express
 Name on card: _____ Card #: _____
 CVV Code #: _____ Expiration Date: ____ / ____ Payment Amount: \$ _____
 Signature: _____

Please direct questions regarding payments and/or wire transfers to Adriana Lomeli at the AAAASF office.

If your bank uses ABA numbers for wire transfers, follow the **ABA Transfer Information:**

NorthSide Community Bank
 ABA 071925680
 5103 Washington Street
 Gurnee, IL 60031

Beneficiary:
 AAAASF International
 7500 Grand Ave, Suite 200
 Gurnee, IL 60031
 Account Number: 107739

Amount Transferred: \$ _____
 (please include additional \$25 for bank fees):

If your bank uses SWIFT codes for wire transfers, follow the **Swift Transfer Information:**

TIB-The Independent BankersBank
 2151 W White Oaks Drive
 Springfield, IL 62704

SWIFT code: TIBBUS44

Beneficiary:
 071925680 – NorthSide Community Bank
 5103 Washington Street
 Gurnee, IL 60031

For Further Credit:
 AAAASF International
 7500 Grand Ave, Suite 200
 Gurnee, IL 60031
 Account Number: 107739

Amount Transferred: \$ _____
 (please include additional \$25 for bank fees):

FEE & REFUND POLICY:

The first-year accreditation annual fee plus initial survey fee is due with each accreditation application. After an application has been submitted and processed, AAAASF will refund 50% of the annual fee and 100% of the survey fee if the facility has not been surveyed. If the facility was surveyed, only 50% of the annual fee will be refunded. If the accreditation process is not completed within one year of the received date, a new application and appropriate fee is required. No refunds will be issued if the application expires. Upon receiving accreditation and once an anniversary date is established, the facility will be invoiced 6 months prior to the anniversary date. Fees must be paid by the due date on the invoice for the accreditation process to begin.