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

DENTAL FACILITY IDENTIFICATION

Facility I.D. Number____________________(to be assigned by AAAASFI)

Dental Facility's Director ____

Name of Facility ____

Address____Suite # _____________________________

City________________________________Country_________________Postal Code____- _______________

Phone_______________________________ Fax _________________________________

Website______________________________ Email_________________________________

Name(s) of Clinic Owner(s). Controlling Stockholder and/or Beneficial Ownership

_______________________________________ ____

_______________________________________ ____

(List Additional Names on Separate Sheet)

Manager/Head Nurse: ____

Current AAAASFI Class of Facility: _______

ACCREDITATION HISTORY

( ) Not Previously Accredited by AAAASFI ( ) Previously Accredited by AAAASFI

Initial Inspection Date______________________________________Class ______________________________

Last Reinspection Date______________________________________Class _______________________________

Other Accreditation____Date: _____________________________

_______________________________________ Date: ____________________________

Facility Licensure _______________________________________Date: _____________________________

_______________________________________ Date: ____________________________

Dental Facility Director Signature____Date_________________