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AAAASF Surveyor Attestation Form (AAAASF Program)

Our Mission:

“Patient safety is the mission of the American Association for the Accreditation of Ambulatory Surgery Facilities, Inc.”

Surveys:

The facility is surveyed initially and every three years thereafter. The facility surveyor will review in a didactic fashion any deficiencies with the facility director and forward the Surveyor Handbook to the AAAASF Office. To be accredited by AAAASF, the facility must meet every standard for its Class (A, B, C-M, or C).

Facility Surveyors:

Our facility surveyors are professionals that represent our organization. Therefore, all AAAASF Surveyors, whether currently practicing in an ABMS recognized specialty or retired are asked to provide the following information to the AAAASF Office prior to receiving authorization to conduct a survey.

- Complete curriculum vitae or resume of training
- A photocopy of your most recent state professional license
- Signed and dated Surveyor’s Attestation Form (on next page)

Physician or Nurse Name: _____

Specialty(s)ABMS/ABPS/AOABoard: _____ Years Certified or Eligible: _____

State(s) Medical License: _____ License #: _____ Exp. Date _____

Currently practicing: ___ Yes ___ No OR Retired ___ Year retired _____

Amount of notice you request prior to a survey: _____

Do you have multiple states where you would be available for surveys? ___ Yes ___ No

If so, please list states and months you are available to perform a survey in each state: _____

Are you willing to travel to do surveys? ___ Yes ___ No Reasonable travel expenses will be reimbursed per AAAASF reimbursement guidelines.

Please sign this form, and return it along with a copy of your CV and a photocopy of your license, to the AAAASF Office.

Surveyor's Attestation Form – AAAASF Program

I attest that I, _____ meet the following basic criteria to be certified as an AAAASF Surveyor. (Name)

Please initial each box to indicate your compliance:

- I have never been found to be in violation of the Code of Ethics of any professional society or association. List any exceptions to the above _____
- I have never had my right to practice medicine and surgery limited, suspended, terminated or otherwise affected by any state, providence, or country and have never been disciplined by any medical licensing authority. List any exceptions to the above _____
- I fully understand and will uphold and comply with all AAAASF Standards and Policies in the survey of facilities on behalf of AAAASF. No exceptions.
- I understand that in case of dispute, the AAAASF Board of Directors has the right to revoke or deny my certification status as an AAAASF surveyor.

Signature

Date

Thank you for partnering with AAAASF, *The Gold Standard in Accreditation*[™]