



INTERNATIONAL ACCREDITATION PROGRAMME

APPLICATION/RENEWAL APPLICATION FORM

First Time Application

Renewal Application

1.0 GUIDANCE

The Application/Renewal Application Form is required to be completed by all organisations who wish to apply (or reapply) for any of the International Society for Quality in Health Care's (ISQua's) International Accreditation Programmes (IAP). All applicants are required to adhere to the IAP Terms and Conditions (For more details please see *Terms and Conditions of the International Accreditation Programme* (Ref CL-002)).

Prior to completion of the application please ensure that:

- 1.1 Introduction to the IAP (Ref CL-004) has been reviewed to ensure clarity with regards to the various products
- 1.2 Access fee has been paid (for first time applications only).
- 1.3 Current fee schedule has been reviewed (Ref CL-003).

The information on this form will be used by the surveyors to gain insight into your organisation, therefore please complete all sections. If additional space is required for provision of organisational information please make attachments.

For any additional enquires please contact ISQua at accreditation@isqua.org

2.0 ORGANISATIONAL PROFILE

Please complete all fields. If any field is not applicable to your organisation please mark as N/A.

Organisation Details	
2.1	Applicant Organisation Name (in English): & Local Language
2.2	Address:
2.3	Telephone:
2.4	Fax:
2.5	CEO (or equivalent):
2.6	Telephone:
2.7	email:
2.8	Contact Person (name and title):
2.6	Telephone:
2.7	email:
2.8	Type of external evaluation programme, e.g. accreditation, certification, inspection, evaluation, standards setting:
2.9	Year of initial operation:
2.10	Number of employees: (specify full-time/part-time)

2.11	Number and location of offices:	
2.12	Geographical spread of services: <i>(e.g. international, country specific)</i>	
Standards Details		
2.13	Please state details of all sets of standards in use:	Please tick if you wish these standards to be accredited:
2.14	Please state who has ownership of the standards: <i>(e.g. government, external body)</i>	
2.15	Year(s) current standards approved:	
2.16	Number of revisions published:	
Survey/Assessment Details		
2.17	Number of surveys in the last calendar year:	
2.18	Average days per site visit:	
2.19	Average number of surveyors in a team:	
2.20	Number of surveyors available:	
2.21	Types of organisations surveyed in past full calendar year:	
Surveyor Training Details		
2.22	Number of surveyor training programmes held in the last calendar year:	
2.23	Number of surveyors who attended training programmes held in the last calendar year:	
2.24	Please list the titles of the courses/sessions held:	
General		
2.25	Please add any other comments/additional information you would like to make:	

3.0 PRODUCTS REQUIRED

Please specify the accreditation services you require. Please note that Organisational Accreditation can only be undertaken following Standards Accreditation.

	IAP Products	Required? Yes/No	Preferred Date for Survey/Assessment*
A	Standards Accreditation (If more than one set of standards please state the number)		
B	Organisational Accreditation		
C	Surveyor Training Programme Accreditation		

*Please note that while every effort will be made to comply with this date we cannot confirm that your preferred dates will be available. A minimum of ten months is required from time of application to survey.

4.0 PAYMENT PROCESS

On receipt of your Application/Renewal Application Form ISQua shall issue an invoice for the required amount in keeping with the current fee schedule (Ref CL-003).

All applications shall be processed upon receipt of full payment of the issued invoice. At this time you shall be contacted to determine the dates for your survey(s) and provided with the following documents:

- IAP Guidelines for Use
- International Principles for Health Care Standards **or**
- International Accreditation Standards for Health Care External Evaluation Organisations **or**
- Surveyor Training Standards Programme
- Glossary of Terms
- Self Assessment Tool
- Sample of Completed Self Assessment
- Evidence of Compliance Checklist

5.0 SUBMISSION

I wish to submit the above application for consideration and in doing so agree to adhere to the *Terms and Conditions of ISQua's International Accreditation Programme* (Ref CL-002).

Signed: _____

Name (print): _____

Title (CEO or equivalent): _____

Date: _____

Please return the completed form to ISQua at accreditation@isqua.org

Office Use Only - Date of Receipt:

DOI:

REF:

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