



ARIZONA PERINATAL REGIONAL SYSTEM, INC.

the performing corporation of the
ARIZONA PERINATAL TRUST
711 E. Cottonwood Lane, Suite C
Casa Grande, AZ 85122
P: 520-421-9880 F: 520-421-9883
www.azperinatal.org

Application for Certification
Voluntary Certification Program

Submission of this application will initiate membership in the Arizona Perinatal Regional System, Inc. and the Voluntary Certification / Re-Certification Process endorsed by the Arizona Perinatal Trust. **Please complete all areas of requested information.**

Date:	
Facility:	
Address:	
Facility Main Telephone:	
Certification Contact Person:	
Title:	
Telephone:	
Email:	

TYPE OF CERTIFICATION REQUESTED (check box BELOW)

- INITIAL CERTIFICATON
- RE-CERTIFICATION
- 1 YR. FOLLOW-UP CERTIFICATION

LEVEL OF CERTIFICATION REQUESTED (check box BELOW)

- IN-HOUSE BIRTHING CENTER
- LEVEL II - Perinatal Care Center
- LEVEL IIEQ - Perinatal Care Center
- LEVEL III – Freestanding Neonatal Care Center
- LEVEL I - Perinatal Care Center
- LEVEL II – Freestanding Neonatal Care Center
- LEVEL III – Perinatal Care Center

Level II with Special Services (following Pilot Project)
Please note Special Services you have been approved to provide, e.g., nCPAP

Special Requests/Consideration

Meeting Location
Please provide location for the site visit team to meet upon arrival at your hospital:

The undersigned Health Care Institution applies for Membership in the Arizona Perinatal Regional System, Inc. an Arizona Non-Profit Health Care entity. Applicant requests certification or re-certification under the established standards, criteria and protocols of the Voluntary Certification Process (a Quality Assurance Process, A.R.S. 36-2401 and 36-2402).

The Applicant agrees to cooperate with the Site Visit Team and its activities in completion of the Voluntary Certification Process. This application shall constitute Applicant's written authorization to the Arizona Perinatal Regional System, Inc. as its agent to make a Health Care Utilization and Health Care Practices Review within Applicant's perinatal facilities for the purposes of reducing morbidity and mortality and for the improvement of the care of its patients (A.R.S. 36-441 & 445).

Signature:	Title:
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