

American Association of Integrative Medicine
ACCREDITATION COMMISSION®



Facility Information

Practice's Name _____
 Physical Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Office Phone _____ Fax _____ E-mail _____
 Website _____ Years of Operation _____
 Accreditations held by the practice _____

Authorized Representative Information

Name _____ Position _____ E-mail _____
(First, Middle, Last)
 Website _____ Office Phone _____ Cell Phone _____

Care Provider Information (If additional space is needed, please attach another page.)

CLINICAL STAFF

Professional Staff – In this section, include those who give direct patient care and are required to hold a license or certification.

Name _____ Position _____
(First, Middle, Last)
 E-mail _____ Certification or License Number _____
 Name _____ Position _____
(First, Middle, Last)
 E-mail _____ Certification or License Number _____

Non-Professional Staff – In this section, include those who give direct patient care but are not required to hold a license or certification.

Name _____ Position _____ E-mail _____
(First, Middle, Last)
 Name _____ Position _____ E-mail _____
(First, Middle, Last)

NON-CLINICAL STAFF

In this section, include those who work in the practice but do not give direct patient care, such as those in management or administration.

Name _____ Position _____ E-mail _____
(First, Middle, Last)
 Name _____ Position _____ E-mail _____
(First, Middle, Last)

Attachments

Please attach the following documents to the application:

- The practice's Policies and Procedures and any other documents that verify compliance with each AAIM Accreditation Commission standard. See AAIM Accreditation Commission Standards for Practices* for more information.
- The completed Self Evaluation Report*.
- A list of three to five professional references. Find the References Form on our website at www.aaimedicine.com/accreditation/resources.
- A statement describing the practice's mental health or integrative healthcare philosophy with a description of how it is implemented.
- A statement describing how the various modalities of care are integrated in service delivery.
- Résumés or curriculum vitae and a copy of individual licenses and certifications for all employees.
- A copy of the facility license, certificate of occupancy, or permit if required by law.
- A copy of the facility floor plans and digital photos of each room and the exterior of the building. Include the dimensions and purpose of each room including handicap accessible rooms and bathrooms.
- A copy of general and professional liability insurance documents.

For questions, please call us at 877.718.3053

*There is a non-refundable fee of \$75 to purchase the Standards for Practices and Self Evaluation Report (SER). For more information, please see the Policies and Procedures.

Submit Your Application Today

E-mail: cao@aaimedicine.com • Mail: 2750 E. Sunshine St., Springfield, MO 65804 • Fax: 417.823.9959

Branches of Mental Health and Integrative Healthcare

Please check all that your practice specializes in:

Mental Health Specialty Areas

- Licensed Counselor
- Licensed Mental Health Counselor
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Other _____
- Marriage and Family Therapist
- Psychiatrist
- Psychologist
- Psychiatric Nurse
- Social Worker
- Clinical Social Worker
- Psychiatric Social Worker
- Other _____

- Auriculotherapy
- Ayurveda
- Biofeedback
- Blood Irradiation Therapy
- Chelation Therapy
- Chinese Medicine
- Chiropractic
- Craniosacral Therapy
- Emotional Freedom Techniques (EFT)
- Functional Medicine
- Guided Imagery
- Herbal Therapy
- Holistic Health
- Homeopathy
- Hydrotherapy
- Light Therapy
- Massage Therapy
- Meditation or Visualization
- Movement and Exercise Therapy

- Music Therapy
- Naturopathy
- Nutrition
- Orthomolecular Medicine
- Osteopathy
- Pilates
- Polarity Therapy
- Qigong
- Quantum Touch Therapy
- Reflexology
- Reiki
- Thai Massage
- Tai Chi
- Yoga

Other Mental Health Specialty Areas or Integrative Healthcare Modalities

- _____
- _____
- _____

Integrative Healthcare Modalities

- Acupuncture
- Applied Kinesiology
- Aromatherapy

Payment Information (Application Fee: \$1,287)

Payment must accompany the application. There is a \$150 administrative fee deducted for all cancelled applications. All returned checks will be assessed a \$20 NSF check fee. An installment plan is available upon request.

- Check enclosed (Please make checks payable to AAIM) Visa MasterCard American Express Discover Money order

Card Number	Expiration Date	Name on Card
Billing Address	Date	Signature

Accreditation Agreement and Disclaimer

The applicant's documents that are submitted to the AAIM Accreditation Commission are received and treated as truthful. The AAIM Accreditation Commission does not bear any responsibility or liability for the accuracy of such documents, although every effort will be made to verify validity. In no event will the AAIM Accreditation Commission be liable for any loss of profits or savings for any damage or expenses incurred by the applicant, whether direct, incidental, or consequential. The AAIM Accreditation Commission does not endorse or approve any information or products, and accreditation should not be construed as any type of endorsement by the AAIM Accreditation Commission or any of our third party organizations (unless otherwise noted) of the advertisement, the advertiser or the advertiser's organization, system, product, or service. Applicants certify the information they have provided to the AAIM Accreditation Commission is true, correct, and complete. They are required to provide documentation, and we reserve the right to verify all information that is provided. If an applicant misrepresents credentials, refuses to provide documentation at a later time, if asked, or allows approval with the AAIM Accreditation Commission to lapse, the applicant understands and agrees that their approval status will be terminated, and no refund will be issued. Applicants agree to notify the AAIM Accreditation Commission in writing of any civil or criminal complaint that has been made against them. The AAIM Accreditation Commission does not assume any responsibility or liability for its applicants' efforts to apply or utilize the information, suggestions, or recommendations made by the entity.

In consideration of the AAIM Accreditation Commission's decision to grant and maintain accreditation, the applicant agrees to abide by the following statements:

- Applicant must accommodate and cooperate as necessary to verify compliance with the standards for accreditation including provision of documentation for the purpose of assessment for accreditation.
- Applicant must maintain objectivity and integrity.
- Applicant must not use its accreditation status in such a manner as to bring the AAIM Accreditation Commission into dispute and must not make any statement relevant to its accreditation that the AAIM Accreditation Commission may consider misleading or unauthorized.
- Applicant must inform the AAIM Accreditation Commission within 30 days of changes in licensing and any other aspect of the entity that affects its legal, commercial, or organizational status.
- Applicant agrees to hold harmless and indemnify the AAIM Accreditation Commission and its directors and staff for any misrepresentation of credentials and for all claims, loss, judgment, or expense of the applicant.
- Applicant understands that the AAIM Accreditation Commission does not endorse, guarantee, or warrant the opinions of any individuals or practices.
- Applicant agrees to be responsible for ensuring that all of the relevant information provided for accreditation is true, correct, and complete as of the date this document is signed.
- Applicant understands that accreditation does not imply licensing or registration by the applicant of an individual's qualifications, abilities, or expertise.
- Applicant understands that there is no refund for a denied application. Cancelled applications will have the application fee returned except for the \$150 administrative fee.

By signing this form, the applicant's authorized representative has read, understood, and agreed to comply with the AAIM Accreditation Commission's Policies and Procedures and to the above conditions for accreditation and attests that all statements made on the application are correct to the best of his or her knowledge and belief.

Have any employees or staff members been convicted of a felony or currently under an investigation? (If yes, please attach an explanation.) Yes No

Authorized Representative's Name (Print) _____

Authorized Representative's Signature _____ Date _____