

GENERAL 0 4f 0.12 Tc 9 0 01 0 0 1 384 4c 9nf4lY REQUIREMENTS

LEADERSHIP	YES	NO
Do the mission, vision, and goals of your organization support safety and quality of care, treatment or services?	<input type="checkbox"/>	<input type="checkbox"/>
Do ethical principles guide the organization's business practices?	<input type="checkbox"/>	<input type="checkbox"/>
Can your organization demonstrate that it continually assesses and improves the quality of its care, treatment, and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
Does leadership manage safety and security risks in the organization?	<input type="checkbox"/>	<input type="checkbox"/>
Are your organization's information management processes able to meet your internal and external information needs?	<input type="checkbox"/>	<input type="checkbox"/>
'R \RX KDYH D ZULWWHQ SROLF\ WR DGGUHV V SULYD\ FRQ¿GHQ\LDOLW\ DQG LQIRUPDWLRQ DERXW \RXU VWD DQG \RXU SDWLHQWV"	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have a written emergency management plan?	<input type="checkbox"/>	<input type="checkbox"/>

HUMAN RESOURCES MANAGEMENT	YES	NO
'R \RX KDYH D ZULWWHQ SROLF\ LQ SODFH WR FRQ¿U WKDW D S¿VVRQ¶V TXDOL DQG FRPSHWHQFLHV ¿W ZLWK WKHLU DVVLJQPHQW DQG WKHLU MRE UHVSQVLEL Does it include such items as:	<input type="checkbox"/>	<input type="checkbox"/>
– &XUHQW OLFHQVXUH FHUWL¿FDWLRQ RU UHJLVWUDWLRQ UHTXLUHG		
– Education, training, and experience		
– A criminal background check		
– Health screening and immunization requirements		
– Proof of identity		
– \$ MRE GHVFULSWLRQ LQFOXGLQJ PLQLPXP TXDOL¿FDWLRQV and competencies required		
'RHV \RXU RUJDQL]DWLRQ SURYLGH WKRURXJK RULH¿WDWLRQV I¿\RXU VWD "	<input type="checkbox"/>	<input type="checkbox"/>



