

**OCCHA - THE ACCREDITATION PROGRAM**  
**FOR LOCAL PUBLIC HEALTH AGENCIES**  
**IN THE PROVINCE OF ONTARIO**

**DECLARATION**

In submitting this completed Questionnaire, we  
Certify, to the best of our knowledge, that the  
Information contained therein is true and accurate.

---

Date

---

Chair, Board of Health

---

Date

---

Medical Officer of Health

**APPLICATION FORM FOR AN ACCREDITATION SURVEY**

(Valid from April 1, 2008 – December 31, 2008)

Please send O.C.C.H.A. the original and six copies  
of both the *Agency Questionnaire* and accompanying documents  
along with this application form.

The \_\_\_\_\_ with head office at  
\_\_\_\_\_, as a result of a decision of the  
Governing Body at its meeting on \_\_\_\_\_, herewith makes  
application for an Accreditation Survey to be conducted by the Ontario Council on  
Community Health Accreditation (O.C.C.H.A.). In making this application the agency  
advises that:

- i) the Agency Questionnaire has been completed and sufficient copies attached to the Application form;
- ii) all preparation necessary for the survey has been completed;
- iii) the agency will accept and cooperate with the surveyors appointed by O.C.C.H.A. with respect to the:
  - a) Review of documents
  - b) Interview of personnel
  - c) Contacts with other community agencies;
- iv) the agency will accept the mutually agreed upon date that is set for the survey, which will not be more than 90 days after approval of the survey by O.C.C.H.A., unless a deferment is mutually agreed to;
- v) the agency will pay the accreditation fee plus yearly maintenance fees.

In making application, the agency understands that:

- i) the O.C.C.H.A. judgement report will be a confidential document between it and O.C.C.H.A.;
- ii) an appeal can be made against the judgement report within 34 days of its receipt, provided that notice of intention to appeal has been filed within 14 days;

- iii) if the O.C.C.H.A. Board's decision is not to grant a survey, the initial application fee (\$6,500 survey fee + \$3,025 1<sup>st</sup> year maintenance fee) will be returned, less a review charge of 25% of the \$6,500 survey fee (\$1,625.00);
  - a) if the O.C.C.H.A. Board receives notice of withdrawal of an application more than four (4) weeks prior to the actual survey, a 50% refund will be made;
  - b) if the O.C.C.H.A. Board receives notice of withdrawal of an application less than four (4) weeks prior to the actual survey, a refund will not be made.
- iv) failure to attain accreditation status in a subsequent survey will require the return of the accreditation certificate, as it is deemed to be owned by O.C.C.H.A.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Officer of Health

**Please make cheque payable to:**

**Ontario Council on Community Health Accreditation  
3370 South Service Road  
Burlington, Ontario  
L7N 3M6**

<b>In the amount of:</b>	<b>\$9,525.00</b>
GST 5% (107797482 RT0001)	<u><b>476.25</b></u>
<b>Total</b>	<b>\$10,001.25</b>

**DEMOGRAPHY OF THE AGENCY**

<b>NAME OF AGENCY:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NO:</b>	
<b>TELEPHONE NO:</b> <i>(For surveyor use after hours)</i>	
<b>GOVERNING BODY:</b>	
<b>CHAIR:</b>	
<b>MEDICAL OFFICER OF HEALTH:</b>	
<b>BUSINESS ADMINISTRATOR:</b>	
<b>SERVICE AREA OF THE AGENCY (in sq. km.):</b>  <i>If map available, please attach</i>	
<b>POPULATION:</b>	
<b>LOCATION OF SUB-OFFICES AND DISTANCE FROM MAIN OFFICE:</b>	