



WORLD COUNCIL FOR CLINICAL ACCREDITATION ANTI-AGING CLINIC AND MEDICAL SPA ACCREDITATION



Registration Form for Accreditation Survey

1. Name of the Clinic or Medical Spa:

2. Mailing Address:

Street _____

City _____

State/Province _____

Zip Code _____

Country _____

3. Owner of the Clinic or Medical Spa:

If the Clinic or Medical Spa is owned by a Corporation: please give the name of corporation, corporation contact person, and the address.

Corporation _____

Contact Person _____

Street _____

City _____

State/Province _____

Zip Code _____

Country _____

Phone _____ Fax: _____

E-mail: _____

4. Please indicate a number of physicians practicing in the facility:

5. Please list current license/registration for facility:

Name of Licensing

Body/Agency: _____

License/Registration
Number: _____

License/Registration
Expiration Date: _____

9. Does the Clinic or Medical Spa have a website? ____ Yes ____ No

Website address: _____

By the time when the Registration Form is completed your organization will be sent an Application for Accreditation Survey together with a list of required documents for submission.

Payment

Processing Fee: \$925

On-Site Accreditation Survey: \$4420

Accreditation term is 2 years

Diligence and Academic credentialing of each licensed physician at the facility is \$1250 per person.

If there are multiple licensed professionals in the facility – a multi-staff rate will be applied: 3 to 5 physicians is \$1100 per person

5 or more physicians is \$950 per person

Check Credit Card Visa Master Card AmEx

Card Number _____ Exp.Date _____ Security Code _____

Cardholder Name (print) _____

Cardholder Signature _____ Date _____

Make checks payable to: World Council For Clinical Accreditation.

1510 W Montana Street, Chicago, IL, 60614 .

Complete registration by faxing this form to **(561) 997-0287** or e-mail to sales@worldhealth.net.

Contact for questions: WCCA/A4M Office at **1-800-558-1267** or email us at:

sales@worldhealth.net

Confirmation: A welcome e-mail will be sent to you as a confirmation of your facility registration. Within 7 days your organization will be sent an Application for Accreditation survey together with a list of required documents for submission.

Cancellation policy: A full refund applies up to 60 days notice of cancellation minus \$500 processing fee. A 60 to 30 days prior to the survey will apply to a 50% refund. After 30 days, no refund will be issued. Survey date can be postponed or rescheduled once with no additional fee. If organization cancels or postpones survey more than one time, additional fee will be assessed.

Please, note that a surveyor travel expenses above \$300 will be assessed to the survey price. For facilities outside of the United States additional charge for Surveyor travel expenses will be applied.