



*Advancing public  
health performance.*

**PHAB Accreditation  
Beta Test On-line Application  
2009-2010**

**1. Create Application and Select Type of Application**

Accreditation Type:

- New
- Reaccreditation

Application Type:

- City Health Department
- County Health Department
- Indian Health Service Unit
- Multi-jurisdictional
- State Health Department
- Territorial Health Department
- Tribal Health Department

Department Type:

- Local
- Multi-jurisdictional
- State
- Territorial
- Tribal

If Multi-Jurisdictional, please describe the nature of the jurisdictions:

**2. Department Details**

Department Name

- Website
- Address

Contact Information:

- Accreditation Coordinator
- Contact (for Accreditation Notification)
- Department Head

**3. Required Documents**

Provide the applicant's most recent versions of the following items:

- Strategic Plan
- Community Health Status Assessment
- Community Health Improvement Plan
- Organizational Chart
- Memorandum of Understanding (MOU) or similar document (only for Multi-Jurisdictional)

**4. Program Overview**

Total Population Served:

Square Miles in area served:

Annual Budget Amount:

Local Funding:

State Funding:

Federal Funding (CDC):

Federal Funding (Other):

Other Funding:

Total Number of Employees:

Total reported FTEs:

RUCA Code:

FIPS Code:

Duns Number:

Governance Structure:

Advisory Board

Formal Governing Body

Appointing Authority (individual or group that appoints the head of the health department):

Scope of Authority: (text box) (program areas for which the department is responsible)

Type of Agency:

Free Standing

Part of a Super-agency

Administrative Structure:

Administrative Rule

Other

Statute

What services, if any, are provided by other agencies (for example, laboratory, environmental health, or other public health services)?

What services, if any, are shared with other agencies (for example, laboratory, environmental health, or other public health services)?

## 5. Program Information

What readiness preparation activities have been utilized (in part or completed) by this applicant? Year participated.

APEX –PH

MAPP

MLC

NACCHO Operational Definition

NPHPS

PACE-EH

PATCH

Project Public Health Ready

Other

Other Accreditations/Certifications?

CARF

CLIA

EMS

FQHC

JCAHO

NCCHC

Other

Other State – based Public Health

## 6. Public Health Program

Directly Offered

Offered via Partnerships/Contracts

### Immunization

Adult Immunizations

Childhood Immunizations

### Screening

Blood lead

Cancer

Cardiovascular disease

Diabetes

- High blood pressure
- HIV/AIDS
- Other STDs
- Tuberculosis

**Treatment**

- HIV/AIDS
- Other STDs
- Tuberculosis

**Maternal and Child**

- EPSDT
- Family planning
- MCH home visits
- Obstetrical care
- Prenatal care
- Well Child Clinic
- WIC

**Other Health Services**

- Behavioral/mental health services
- Comprehensive primary care
- Home health care
- Oral health
- Substance abuse services

**Epidemiology**

- Behavioral risk factors
- Chronic disease
- Communicable/ infectious disease
- Environmental health
- Injury Maternal and child health
- Syndromic

**Prevention**

- Chronic disease
- Injury
- Mental illness
- Nutrition
- Physical Activity
- Substance abuse
- Tobacco Use
- Unintended pregnancy
- Violence

**Regulation**

- Body art (tattoos, piercing)
- Campgrounds and RVs
- Children's camps
- Cosmetology businesses
- Food processing
- Food service establishments
- Health-related facilities
- Hotels/motels
- Housing (inspections)
- Lead
- Milk processing
- Mobile homes
- Private drinking water
- Public drinking water
- Schools/daycare
- Septic systems

- Smoke-free ordinances
- Solid waste disposal sites
- Solid waste haulers
- Swimming pools (public)
- Tobacco retailers

**Other Environmental Health Activities**

- Air pollution
- Collection of unused pharmaceuticals
- Groundwater protection
- Hazardous waste disposal
- Hazmat response
- Indoor air quality
- Land use planning
- Noise pollution
- Pollution prevention
- Radiation control
- Surface water protection
- Vector control

**7. Signature Documents**

- Appointing Authority
- Letter of Support from Governing Body

**8. Review and Submit**

Review the information provided in a summary page and submit to PHAB