

TERMS AND CONDITIONS FOR ENTERING INTO THE PUBLIC HEALTH ACCREDITATION PROGRAM

Please sign and return with payment per the attached invoice

I certify to the following terms and conditions associated with officially submitting our health department's application for accreditation through the Public Health Accreditation Board [Tax ID: 26-0333211]:

1. That I am the person authorized to obligate the health department to these terms and conditions.
2. That our Accreditation Coordinator and Health Director have completed the online orientation required by PHAB.
3. That we have received a copy of The Guide to Public Health Department Accreditation and agree to follow the process as described therein.
4. That we have received a copy Version 1.5 of the PHAB Standards and Measures and understand that our health department's performance will be assessed using the information contained in that document.
5. That we have received a copy of the Accreditation Fee Schedule for the year and category type of our application and agree to pay the relevant and total accreditation fees accordingly. We understand that the financial commitment is for the total fee, regardless of outcome or payment schedule chosen and we understand that nonpayment of fees may result in discontinuation of the accreditation process or in loss of accreditation status.
6. That PHAB will hold information exchanged throughout the accreditation review process in confidence, except to the extent that PHAB might be required by law, statute, rule or regulation to disclose such information. Applicant health departments may make their own decisions about disclosure of information used for the accreditation process.
7. That publication of our accreditation status will be handled according to the PHAB guidelines issued at the time a final decision is made.
8. That reports will be provided to PHAB as requested throughout the five year cycle based on guidelines provided by PHAB related to same.
9. That PHAB will only publicly disclose our final accreditation status. Any information contained within our accreditation application and review process will not be disclosed publicly.
10. That, in the interest of contributing to the evidence base for public health, our de-identified health department accreditation information may be shared in the aggregate with public health researchers and with PHAB staff conducting evaluation and research activities, according to PHAB's research guidelines. I understand that, as an accreditation applicant, I may ask for a copy of these guidelines. I also understand that our health department identity will not be disclosed in any research data base or reporting, other than that which reports our accreditation status (as noted in item 9 above).

Health Department Name Here

Health Department Authorized Signature: _____ Date: _____

Name: _____
Please Print

Title: _____
Please Print