



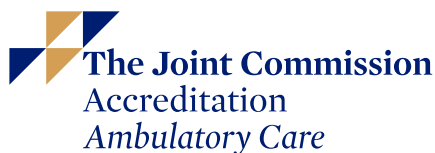
Revised Survey Eligibility Criteria for Ambulatory Health Care

Below are the eligibility requirements for organizations surveyed under the Ambulatory Health Care Accreditation Program. After a comprehensive review of survey eligibility criteria, these requirements were revised to ensure that the eligibility criteria are current, relevant, and appropriate for organizations seeking accreditation and reaccreditation. For organizations first seeking accreditation*, several questions have been added to the electronic application for accreditation (E-App) that require applicants to make certain attestations regarding their backgrounds.

The revised requirements are in effect for surveys starting July 1, 2014.

Any ambulatory health care organization may apply for Joint Commission accreditation if all the following eligibility requirements are met:

- The organization is in the United States or its territories or, if outside the United States, is operated by the U.S. government or under a charter of the U.S. Congress.
- The organization has a facility license or registration to conduct its scope of services, if required by law.
- The organization can demonstrate that it continuously assesses and improves the quality of its care, treatment, or services. This process includes a review by clinicians, including those knowledgeable in the type of care, treatment, or services provided at the organization.
- The organization identifies the health care services it provides, indicating which care, treatment, or services it provides directly, under contract, or through some other arrangement.
- The organization provides services that can be evaluated using Joint Commission standards.
- The organization meets parameters for the minimum number of patients or volume of services required for organizations seeking Joint Commission accreditation for the first time* or reaccreditation; that is, 10 patients served, with at least two active at the time of survey.
- The tests, treatments, or interventions provided at the organization are prescribed or ordered by a licensed independent practitioner† in accordance with state and federal requirements.



Questions may be directed to your account executive (630-792-3007) for current customers or to Business Development for applicants (630-792-5286).

* Organizations that are new to The Joint Commission include those that have never been surveyed by The Joint Commission or have not been accredited for at least four months.

† A licensed independent practitioner is an individual permitted by law and by the organization to provide care, treatment, or services without direction or supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law, or a state's regulatory mechanism, or federal guidelines, and by organizational policy.