

INSPECTION & ACCREDITATION
POLICIES AND PROCEDURES
MANUAL

NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

September 2003

Table of Contents

I.	Introduction	1
A.	NAME Accreditation	1
B.	Accreditation Checklist	1
C.	Information on Accreditation	2
II.	Procedures	3
A.	Preparation	3
B.	Application	3
1.	Request	3
2.	Applications Packet	3
3.	Self-Inspection	4
4.	Audits	4
5.	Pre-Inspection Consultations	4
6.	Submission of Application and Fee	5
C.	External Inspection	5
1.	Appointment of Inspector	5
2.	Notice of Inspection	6
3.	Local Arrangements	6
4.	Inspection	7
5.	Summation Conference	8
6.	Meeting with Responsible Officials	9
7.	Inspection Report	9
D.	Accreditation	10
1.	Full Accreditation	10
2.	Provisional Accreditation	11
3.	Non-Accreditation	11
III.	Appeals	11
IV.	Standards Setting	12
A.	Periodic Review	12
B.	Procedure for Amendments	13
C.	Sunsetting of Checklist	13
D.	Transition Periods	13
V.	Miscellaneous	13
A.	Fees	13
B.	Mandate to Provide Inspectors	14
C.	Inspector's Training Workshop	14
D.	Records and Administration	14
E.	Computerization of Checklist and Survey Data ...	14
F.	Commentary File	14
G.	Annual Reports	14
H.	Publication of Accredited Offices and Systems ..	15
Appendix		
Schema		16

I. Introduction

A. NAME Accreditation

The National Association of Medical Examiners (NAME) Accreditation Standards have been prepared and revised by NAME for the purpose of improving the quality of the medicolegal investigation of death in this country. Accreditation applies to offices and systems, not individual practitioners. The standards emphasize policies and procedures, not professional work product. The standards represent minimum standards for an adequate medicolegal system, not guidelines. NAME accreditation is an endorsement by NAME that the office or system provides an adequate environment for a medical examiner in which to practice his or her profession and provides reasonable assurances that the office or system well serves its jurisdiction. It is the objective of NAME that the application of these standards will aid materially in developing and maintaining a high caliber of medicolegal investigation of death for the communities and jurisdictions in which they operate.

The NAME Accreditation Program is a peer review system. Its goal is to improve office or system performance through objective evaluation and constructive criticism. The Inspector is the medical examiner's peer and serves as a guest consultant to the office or system.

The accreditation program is intended to evolve over time. Procedures ensure the review of standards and procedures and a mechanism is established for setting standards.

Accreditation is conferred for a period of five (5) years.

B. Accreditation Checklist

NAME accreditation standards are embodied in an Accreditation Checklist. The Accreditation Checklist provides a realistic assessment of the quality of an office or system operation. The Accreditation Checklist questions are used during an inspection to evaluate whether or not the facility meets the NAME Standards for Accreditation.

The question format is thought to provide objectivity, assist preparations for accreditation, promote clarity, eliminate discrepancies that accrue from the use of multiple documents, forces critical review of specific policies and practices, and provides a basis for statistical support.

Each of the questions is uniquely numbered, worded, and designed to produce a "N/A" (not applicable), "Yes," or "No" response. Each of the questions bears a designation of Phase I or Phase II, respectively. Phase I questions specify standards that are not absolutely essential requirements; deficiencies will not directly and seriously affect the quality of work or significantly endanger the welfare of the public or personnel. Phase II standards are considered essential requirements; any such major deficiencies may seriously impact the work or adversely affect the health and safety of the public or agency staff. Questions

may also be designated as Phase II, if they reflect a requirement of NAME for the good of the community. With time, Phase I questions are generally anticipated to be elevated to Phase II status.

A "No" response will result in the finding of a deficiency. No more than fifteen (15) Phase I deficiencies and no (0) phase II deficiencies are required for full accreditation. Provisional accreditation may be conferred for a six (6) month period if the office has no more than twenty-five (25) Phase I and no more than five (5) Phase II deficiencies.

Responses to accreditation checklists and surveys will be compiled in computerized files and used to justify or amend accreditation checklist standards and other legitimate purposes of NAME. Commentaries and recommendations will also be accumulated for consideration of improving the accreditation standards and procedures.

The Accreditation Checklist applies to all jurisdictions, large and small. The role of the Inspectors is key to this universal application. Inspectors are given appropriate discretion and sufficient latitude to permit flexibility and judgement in the application of a question to a given office situation; the "not applicable" option is particularly important in this regard.

C. Information on Accreditation

All inquiries should be sent to:

The National Association of Medical Examiners,
Attn: Inspections & Accreditation
430 Pryor Street SW
Atlanta, GA 30312
Inquires should be directed to (404)-730-4781
FAX 404-730-4405
name@co.fulton.ga.us

Materials available from the NAME office include copies of the NAME By-Laws, the NAME membership directory, roster of positions and appointments, the NAME Accreditation Checklist, the fee schedule, and this NAME Inspection and Accreditation Policies and Procedures Manual.

Specific inquiries on inspection and accreditation can be made of the presiding Chair of the NAME Standards, Inspection and Accreditation Committee.

Accredited offices/systems and applicants may receive copies of their inspection and accreditation materials for their review at any time. Originals will remain on file in the NAME office.

II. Procedures

A. Preparation

Although not essential, NAME strongly recommends preparation for accreditation prior to application for inspection and accreditation. A copy of this Inspections and Accreditations Policies and Procedures Manual and a copy of the NAME Accreditation Checklist should be obtained for the purpose of preparation. The chief medical examiner should distribute the Accreditation Checklist to the office staff. After a critical self-inspection, any deficiencies noted can be

corrected before application.

B. Application

1. Request

Offices or systems wishing to apply for accreditation must submit a written request for inspection and accreditation to the NAME office in order to receive the necessary application materials. The letter of request should include: the name of the chief medical examiner; the official title of the office or system; the jurisdiction served; a point-of-contact; and an address and telephone number. Additionally, if the applicant is a multi-office system, then a brief description of the nature of the system should also be described.

Coroner's offices may apply for inspection and accreditation. They must meet the same standards as medical examiner offices. Coroners or coroner's pathologists, as office chiefs, must meet the personnel requirements of chief medical examiners.

Medical Examiner systems can apply for accreditation, but if the system has satellite offices where autopsies are performed, then each such element must also be itself inspected and the application fee will be accordingly adjusted. Offices which are part of systems may request individual accreditation. Where all the satellite offices are individually accredited, a certificate of accreditation for the entire system may be issued.

In response to the request, NAME will open a file and will send the applicant an applications packet.

2. Application Packet

NAME will send the applications materials through regular mail. The applicant should note the date of the receipt of this package. If materials are not forthcoming within ten (10) working days or is incomplete, the NAME office should be notified. The following items are to be included in the packet:

1. Inspection and Accreditation Policy and Procedures Manual.
2. A Demographic Survey form.
3. The NAME Accreditation Checklist.
4. A copy of the most recent Inspection Report, if seeking renewal or reapplying.
5. A consent form.
6. The fee schedule.

The Demographic Survey form is an instrument to survey information, data, policies and procedures of offices and systems which apply for accreditation.

The NAME Accreditation Checklist is sent not only to give notice to applicants of the basis upon which they are inspected and accredited, but is also a basis for a preliminary self-inspection which is a part of the applications process.

The consent form is an instrument to authorize NAME permission to review its records, to permit NAME to compile and publish statistical data, and

to bind the applicant to the inspection and accreditation policies of NAME.

3. Self-Inspection

The office or system is expected to perform a critical self-inspection using the NAME Accreditation Checklist. Any deficiencies noted can be corrected during and after this self-inspection. A signed copy of the Accreditation Checklist is to be submitted with the completed applications materials. This self-inspection is a required part of the overall NAME inspection and accreditation process. It is performed to ensure that offices and systems understand the checklist procedures and to ensure that the external inspection proceeds smoothly. The submitted checklist will be used by the Inspector to prepare for his or her external inspection. Accreditation will not be conferred upon this preliminary self-inspection, but rather on the filed Inspection report following the external inspection by the NAME Inspector.

4. Audits

An office or jurisdiction may request NAME to provide an external audit of its death investigation system. The President of NAME, the Chair of the NAME Standards, Inspection and Accreditation and the Chair of the Board of Directors may agree to provide such an audit and shall then designate one or more auditors to visit the office and perform the audit. The costs and details of the audit shall be negotiated by the President of NAME and the Office or the jurisdiction. Accreditation cannot be conferred on the basis of an audit.

5. Pre-inspection consultation

An office contemplating inspection or reinspection may request a Pre-Inspection Consultation. The Chair of the NAME Standards, Inspection, and Accreditation Committee may agree to appoint a Consultant Inspector to visit the requesting office and to perform a pre-inspection consultation. This consultation may serve to identify potential obstacles to successful accreditation and to guide an office in its preparations to undergo inspection. A Pre-Inspection Consultation is not a substitute for the required Self Inspection process. The costs and expenses of the Pre-Inspection Consultation are to be borne by the requesting office and will be determined by the Chair of the NAME Standards, Inspection and Accreditation Committee. The fee shall be at least equal to the current cost of a regular inspection.

Accreditation cannot be conferred on the basis of a Pre-Inspection Consultation, and the Consultant/Inspector may not serve as the Inspector for that office's regular inspection, but may serve as the Inspector at a later time after at least one cycle of successful accreditation.

6. Submission of Completed Application and Fee

The applicant will send the completed applications materials and requisite fee to the NAME office by any convenient means; however a traceable overnight carrier is recommended.

The application materials to sent by the Applicant to NAME include:

1. Completed Demographic Survey form.

2. Signed Self-Inspection Accreditation Checklist.
3. Signed Consent Form.
4. Signed and valid check or money order made out to the National Association of Medical Examiners for the requisite inspection and accreditation fee.

The NAME staff will note the date of receipt and review for completeness. NAME will contact the applicant within five (5) working days if the materials are found to be incomplete.

Application materials remaining incomplete ninety (90) days after notification will be returned to the applicant with full refund of tendered fee, less \$75.00 handling costs. The application for inspection and accreditation will be denied and a letter to that effect sent if payment is not received within ninety (90) days of the receipt of the incomplete application materials.

Once the application materials are found to be complete and the fee has been paid, NAME staff will notify by phone the Chair of the NAME Standards, Inspection, and Accreditation Committee.

C. External Inspection

1. Appointment of an Inspector

The Chair of the NAME Standards, Inspection and Accreditation Committee will appoint an Inspector within six (6) weeks of notice of the receipt of the completed application materials and payment of the fee or will contact the applicant to explain the reason for the delay. The Inspector should be a board-certified forensic pathologist, preferably affiliated with an accredited facility. The Inspector should have attended an inspector's training workshop.

The chair of the NAME Standards, Inspection and Accreditation Committee will contact the selected Inspector by telephone to confirm his or her willingness to participate.

NAME will send the Inspector:

1. A letter confirming the appointment as NAME Inspector for the applicant office.
2. The Inspection and Accreditation Policy and Procedures Manual.
3. The NAME Accreditation Checklist.
4. A copy of the completed application materials.
5. A copy of the most recent Inspection Report, if previously inspected.
6. A post-inspection survey instrument, to be given to the office upon completion of the inspection.

If the medical examiner or Inspector has any reservations about the appropriateness of the appointment, these should be shared in writing with the chair of the Standards, Inspection and Accreditation Committee as early as possible in the inspection process to allow appointment of a different inspector. If the Inspector is not satisfactory to the Applicant before an inspection, ~~then~~ another shall be appointed. An applicant will not be permitted more than two recusals of inspectors.

2. Notice of Inspection

After appointment of an Inspector, NAME will issue a written Notice of Inspection to the office or system setting a date for the inspection. A copy will be retained by NAME staff and another sent to the Chair of the NAME Standards, Inspection and Accreditation Committee.

The date of the inspection will be set after coordination by the NAME staff, of the Inspector and the applicant. The Notice of Inspection will be issued within five (5) working days of the time that the inspection date is set.

Any problems encountered in scheduling inspections should be brought to the attention of the NAME staff, who will inform the Chair of the NAME Standards, Inspection and Accreditation Committee. An office or system may be granted a delay in inspection for a good reason. However, if their accreditation has lapsed, the office or system will not be accredited during the period of delay.

3. Local arrangements

After receipt of the Notice of Inspection, the applicant will telephone the Inspector and arrange travel and lodging of the Inspector for the site visit. The Inspector will notify the NAME office of local arrangements.

4. Inspection

The Inspector will conduct a site inspection on the date set by NAME. The inspection will be conducted as expeditiously as possible, but will take as long as necessary to complete the inspection.

Since every office, system, and facility is unique, it is impossible to provide a rigid blueprint for an inspection. The Accreditation Checklist provides the framework and detail for the inspection, as well as criteria by which an office or system is to be assessed. The Inspector should be thoroughly familiar with the contents of the Accreditation Checklist.

The Inspector should arrive to begin the inspection process at the designated time. Generally, the inspection will begin with a brief introduction to the chief medical examiner and his or her staff. The office may wish to begin with a brief introductory overview of the operation. An initial walk-through of the entire facility is also recommended to afford the Inspector the opportunity to become familiar with facility operations and key personnel.

An area for the Inspector to work must be provided by the office or system. The office or system is expected to provide good working conditions.

The Inspector will systematically examine in detail each question on the Accreditation Checklist with the chief medical examiner or his or her representative. The chief medical examiner must be available to respond to questions of the Inspector.

The Inspector will request appropriate documentation and other tangible evidence of compliance and the office or system is expected to provide it. The Inspector may request that some materials be provided by the office beforehand, to facilitate and expedite the inspection. Policies for an office or system may be adopted from a

higher authority or source (e.g. County personnel policy, state law), but offices must have copies available to demonstrate to the Inspector as documentation of compliance with NAME standards.

The applicant office must respond, in some fashion, to all requests for demonstration of compliance. Noncompliance with NAME standards will be assumed in the absence of documentation or demonstration of compliance.

The Inspector may request time alone to more thoroughly review any policy manuals or documents. The Inspector may request individual interviews with various staff members. The Inspector should set aside time to confer on a one-on-one basis with the chief medical examiner to discuss areas not otherwise adequately addressed, any difficulties, and the overall inspection.

It is the Inspector's responsibility to make certain that the Inspector's Report and the Checklist are completed appropriately. The name of the Inspector and the inspection date must be recorded on the Checklist cover. An answer must be checked for each question: yes "Y", no "N", or not applicable "N/A" No more than one answer may be checked for any question, and no question may be left unanswered. Only checked answers will appear on the Deficiency Commentary. Marginal notes will be ignored. Any pertinent comments that should be reviewed by the NAME Standards, Inspection and Accreditation Committee must be included in the Inspector's Report.

Deficiencies found in the facility or organization should be presented factually with recommendations for improvement. A negative, unduly critical, or punitive attitude is offensive and defeats the purpose of the program. It should be recognized that the medical examiner is the Inspector's peer. Deficiencies cited are sometimes challenged on the basis of a difference in interpretation. Such dialogue is healthy and is one of the strengths of the program. The medical examiner may be reminded that he or she will have the opportunity to respond in writing to a disputed finding and that NAME will adjudicate the challenge. It must be remembered that Inspectors are representatives of NAME and should strive for objective, dispassionate critiques. Participating facilities should expect a thorough and fair inspection. Overlooking deficiencies that seem minor should not be regarded as a favor to the medical examiner. Most facilities spend considerable time and energy preparing for the inspection and sincerely appreciate a comprehensive inspection.

The Committee on Standards, Inspection and Accreditation relies heavily on the Inspector's judgement, which is impossible to standardize. There will inevitably be occasions on which a conscientious Inspector will have difficulty deciding whether a Checklist item should be marked "Yes" or "No"; most often in situations involving partial compliance (and thus partial noncompliance) with the wording of the question. In some cases, there may be doubt as to whether the item actually applies to the specific facility being inspected. The Inspector must use discretion. Often, such Checklist items should be answered "N/A" (Not Applicable), and the special circumstances should be noted in the Inspector's Report. Inspectors may consult the Chair of the Committee on Standards, Inspection, and Accreditation for advice and guidance.

The Inspector may note in his or her report that he or she has marked a specific question "yes" with certain assumptions or reservations. Questions about checklists should be forwarded by both the Inspector

and the applicant office to the Chair of the NAME Standards, Inspection and Accreditation Committee with a copy to the NAME office.

During an inspection, the chief medical examiner or his or her representative has the chance to fully express his or her views and may attempt to persuade the Inspector that a question may be properly marked "Yes" or "N/A" rather than a "No", a deficiency. The Inspector must exercise good and fair judgement in the discharge of his or her duties. An Inspector is free to comment on any opinion in his or her Inspection Report.

In some cases, it may be possible for the office or system to correct deficiencies before the inspection concludes. Provided there is adequate documentation, this is acceptable and is to be encouraged. Checklists should not be marked as deficiencies for such questions.

5. Summation Conference

At the conclusion of the inspection, the Inspector will hold a summation conference.

The summation conference is one of the most important parts of the inspection and must not be curtailed, even if it is necessary to carry the inspection over an extra day. The inspection concludes with completion of the entire Accreditation Checklist. The findings of the inspection should be reviewed with the chief medical examiner and other significant staff. NAME recommends the attendance of the entire professional medical examiner staff at this conference.

The conference should open with a short review of the objectives of the NAME Accreditation Program. Although the Inspector may neither grant nor deny accreditation at this meeting, it is important to cover ALL deficiencies that will be reported in the Inspection Report.

The Inspector should leave a list of all Phase I or Phase II deficiencies with the medical examiner. This allows the facility to begin working on its deficiency or deficiencies immediately. There should be no surprises in the Inspection Report when issued.

An essential part of peer review is education. The summation conference is an appropriate time for the Inspector to discuss suggestions for improvement of the facility or the operations.

If the chief medical examiner or staff has any questions regarding the Accreditation Checklist interpretations, these may be addressed at this time. If there are unresolved differences of opinion, the Inspector should avoid confrontation. It should be stated that such issues will be documented in the Inspection Report and will be taken to the Chair of the NAME Standards, Inspection and Accreditation Committee to review and resolve, and that the office will have an opportunity to provide a written response.

The Inspector will give the chief medical examiner a post-inspection questionnaire to fill-out and send to the NAME office. This questionnaire will ask the Applicant his or her opinion of the inspection and the accreditation process, including the Accreditation Checklist. The post-inspection questionnaire and any comments, suggestions, and criticisms will be filed in the Commentary File for consideration by the Committee on Standards, Inspection and Accreditation.

6. Meeting with Responsible Officials

At the request of the chief medical examiner, the ~~inspector~~ Inspector will make every effort to meet with and present findings to the officials with oversight responsibility over the office or system or their staff or representative, if they are not present at the summation conference.

7. Inspection Report.

The Inspector will submit an Inspection Report to the NAME office within thirty (30) days after the inspection. A copy is then to be sent to the inspected office or system and a second copy sent to the Chair of the NAME Inspection and Accreditation Committee within five (5) working days.

Inspectors must briefly explain all questions on the NAME Accreditation Checklist marked as "No" or "N/A".

An opinion or description of any aspect of the operation of the office or system or any aspect of the inspection that the Inspector believes pertinent may be commented upon. All applicable official comments must be made in the Inspection Report and not on the Checklist itself. It is useful to indicate when an office or system is in partial compliance.

Comments may be made in the report which relate to the Accreditation Checklist itself. If for any reason the Inspector believes that there is a fundamental disparity between the intent of the Accreditation Checklist and the function of the office or system or the role of the office or system or the role of its chief medical examiner or staff, it should be recorded in the Inspector's Report. The Inspector's comments are pivotal if denial or provisional accreditation is being considered. These comments may also be a basis for modifying the Accreditation Checklist.

The Report should conclude with a recommendation for accreditation, provisional accreditation, or non-accreditation.

D. Accreditation

The Chair of the NAME Standards, Inspection and Accreditation Committee will review the Inspection Report and determine the accreditation status appropriate for the office or system within fifteen (15) working days of the filing of the Inspection Report, unless a protest is filed. The status and date will be noted in the official NAME files.

1. Full Accreditation

Accreditation Certificates are issued to the office or system and are signed by the NAME Inspector, the Chair of the NAME Standards, Inspection and Accreditation Committee, and the NAME President. The Certificate of Accreditation will include the date upon which the accreditation is conferred and the date of expiration. The certificate should be issued within thirty (30) days of the filing of the Inspection Report.

Full accreditation is conferred if NAME determines that the office or system has no more than fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies.

Full accreditation is conferred for a period of five (5) years from the date of the Accreditation Certificate.

2. Provisional Accreditation

If an office or system fails to achieve sufficiently few deficiencies for full accreditation but is found to have fewer than twenty-five (25) Phase I and fewer than five (5) Phase II deficiencies, then provisional accreditation status can be conferred for a period of twelve (12) months. Provisional accreditation may be extended for up to four (4) subsequent sequential twelve (12) month periods, each upon separate written application and proof to the satisfaction of the Chair of the Inspection and Accreditation Committee that there have been and are ongoing efforts to address deficiencies that continue to foreclose full accreditation.

NAME will send a written Notice of Provisional Accreditation to the office or system within five (5) working days of the determination or extension of provisional accreditation and keep a copy of its files. The provisional accreditation period, however, will be considered to have begun as of the date of the issuance of the first notice.

The applicant may write to the NAME office to request conversion to full accreditation status. Such requests must be accompanied by written documentation that one or more deficiencies have been corrected or addressed. This status conversion request package will then be sent to the Inspector, who will make a recommendation to approve or disapprove conversion to full accreditation status. The Inspector may or may not return to the office for reinspection. The recommendation, along with the applicant's documentation and supporting materials, will be sent by the Inspector to the Chair of the NAME Standards, Inspection and Accreditation Committee. The Chair will then make a determination of the accreditation status. A certificate of full accreditation will be issued if the Chair determines that it is warranted. If full accreditation is denied, the applicant will be immediately notified to permit further corrective actions before the expiration of the period of provisional accreditation. The applicant may appeal the determination of status conversion by procedures described in Section III. Provisional status may or may not be extended by the Chair of the NAME Standards, Inspection and Accreditation Committee during the resolution of the above actions.

3. Non-Accreditation

If the office or system is found to have more than twenty-five (25) Phase I deficiencies or more than five (5) Phase II deficiencies, NAME will not accredit the office or system. With fewer deficiencies, an office or system may receive provisional accreditation as noted above. The office or system will be non-accredited if the provisional period has expired and the office or system has failed to reduce the deficiencies to fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies.

NAME will send a written Notice of Non-Accreditation to the office or system within five (5) working days of the determination of non-

accreditation and keep a copy for its files. Non-accreditation will be considered to have begun as of the date of the issuance of this Notice.

An office cannot reapply for accreditation for a period of six (6) months after a Notice of Non-Accreditation has been issued.

III. Appeals

Appeals to an inspector's findings may be lodged by written submission to the NAME office within ten (10) working days of the filing of the Inspection Report or ten (10) working days of the issuance of a Notice of Provisional Accreditation or Non-Accreditation.

A copy of the written appeal will then be immediately sent to the Chair of the NAME Standards, Inspection and Accreditation Committee. The chair may bring the question to the Committee. The chair may also consider reinspection. If resolution still cannot be achieved, then it may be brought to the NAME Board of Directors for a vote. In any event, resolution must be achieved within nine (9) months; otherwise unresolved issues will be settled in accordance with the findings of the Inspector.

The resolution must be reduced to a written Letter of Response to an applicant's appeal sent to the Applicant within ten (10) working days of resolution.

An Applicant may challenge this response, but the subsequent NAME letter of response to this challenge will be considered final and dispositive of the issue. The applicant may reapply for inspection and accreditation.

IV. Standards Setting

A. Periodic Review

The NAME Standards, Inspection and Accreditation Committee is to annually review the existing Accreditation Checklist and the Inspection and Accreditation Policies and Procedures Manual. Each member of the NAME Standards, Inspection and Accreditation Committee, at the beginning of each new term of the Committee, shall receive from NAME:

1. The NAME Inspection and Accreditation Policies and Procedures Manual.
2. The Accreditation Checklist.
3. The annual compilation of statistical data from inspections.
4. A current roster of pending accreditation actions.
5. A current roster of accredited offices and systems.

B. Amendments

The Chair of the NAME Standards, Inspection and Accreditation Committee, after consultation with the members of the NAME Standards, Inspection and Accreditation Committee, may recommend to the NAME Board of Directors amendments to the NAME Accreditation Checklist for adoption.

Proposed changes must be sent to each member of the Board at least two weeks prior to the Board meeting at which the changes will be brought for adoption. The NAME Board of Directors may adopt the amendments by a

simple majority.

C. Sunsetting of Checklist

The effective period of NAME Accreditation Checklist will be six (6) years. The date of issuance and expiration of the Checklist will be published. The NAME Standards, Inspection and Accreditation Committee or other designated committee must review the Checklist and bring to the NAME Board of Directors a recommendation to reissue the current Accreditation Checklist or a substitute document before the expiration date. The Committee should review the Inspection and Accreditation Commentary file during its review process.

D. Transition Periods

The NAME Accreditation Checklist is to remain in effect until adoption of the proposed amendments by the NAME Board of Directors. Offices or systems which have filed for inspection and accreditation before the adoption of any amendments or revised checklist or procedure will have the option of inspection based on either the current checklist or the checklist in force at the time of submission of the application.

V. Miscellaneous

A. Fees

A fee schedule for accreditation and inspection will be determined by the NAME Executive Committee. A full refund minus a \$75.00 handling fee (absent any committed funds towards the travel and lodging accommodations of the Inspector) may be obtained at any time prior to inspection, but not thereafter.

B. Mandate to Provide Inspectors

All offices and systems submitting to accreditation must participate in the inspection of other offices and systems. Failure to inspect another agency during a five year period following accreditation review will result in the suspension of the accreditation of the facility and prohibition of future inspections and accreditation unless waived by the Chair of the NAME Standards, Inspection and Accreditation Committee.

C. Inspector's Training Workshop

The NAME Standards, Inspection and Accreditation Committee will conduct an Inspectors Training Workshops at Annual NAME Meetings and otherwise as necessary. Accredited offices and systems as well as those seeking or considering accreditation are strongly urged to arrange for their staffs to participate in such workshops.

D. Records Administration

All Inspection and Accreditation materials will be archived for a period of at least six (6) years. Data from survey instruments and Accreditation Checklists will be entered into a computerized data system. NAME shall maintain a current roster of accredited offices and systems.

E. Computerization of Checklist and Survey Data

The Accreditation Checklist and Demographic Survey data will be entered into a computer and compiled annually and as needed. The compiled statistical data will be provided to the Chair and every member of each newly assembled NAME Standards, Inspection and Accreditation Committee. NAME may publicize the compiled statistics.

F. Commentary File

A file will be kept at the NAME office of all commentary, complaints, and recommendations made regarding the Accreditation Checklist and the inspection process. These files will include the returned post-inspection questionnaires. Copies of such information received will be forwarded to the Chair of the NAME Standards, Inspection and Accreditation Committee upon appointment.

G. Annual Reports

The Chair of the NAME Standards, Inspection and Accreditation Committee will report to the NAME Board of Directors at each annual meeting. The report shall include the name of each applicant, and the status of each accreditation action, and a roster of currently accredited offices and systems.

H. Publication of Accredited Offices and Systems

The roster of currently accredited offices and systems will be made public. NAME will not publicize the names of the offices or systems that attempted but did not attain accreditation.

SCHEMA

WHO?	WHAT?	HOW?	TO WHERE?	WHEN?
Applicant	Written Request	mail	NAME	-----
NAME	Send Application Packet	mail	Applicant	10 dys
Applicant	Self-Inspection	-----	-----	-----
Applicant	Complete Application Send Forms and Fee	carrier	NAME	-----
NAME	Check Completeness Notify Chair	phone	Chair	5 dys
Chair	Appoint Inspector	phone	Applicant Inspector NAME	3 6 wks
NAME	Coordinate Date	phone	Inspector Applicant	
NAME	Notice of Inspection	FAX	Applicant Inspector Chair	5 dys
Applicant	Local Arrangements	phone	Inspector Local NAME Accommodations	5 dys
Inspector	Conduct Inspection Summation Conference Meet with Officials File Inspection Report	FAX,mail	NAME	30 dys
Applicant	Questionnaire	mail	NAME	
NAME	Distribute Report	FAX	Applicant Chair	5 dys
Chair	Approve Accreditation	phone	NAME	15 dys
NAME	Issue Certificate	carrier	Inspector Chair President NAME Applicant	30 dys