IMEAc Accreditation Application Form

**1. Organization**

Official name……………………………………………………………………………………….

Mailing address……………………………………………………………………………………

**2. Official Contact Point**

Designate a person with in-depth knowledge of the organization, a good understanding of the application, and the authority to answer inquiries and arrange a site visit, if necessary. Contact between the Baldrige Program and your organization is limited to this individual and the alternate official contact point. If the official contact point changes during the application process, please inform the program.

Name……………………………………………………………………………………….

Title…………………………………………………………………………………………

Mailing address…………………………………………………………………………...

Telephone…………………………………………………………………………………

Fax…………………………………………………………………………………………

Email……………………………………………………………………………………….

**3. Alternate Official Contact Point**

Name……………………………………………………………………………………….

Title…………………………………………………………………………………………

Mailing address…………………………………………………………………………...

Telephone…………………………………………………………………………………

Fax…………………………………………………………………………………………

Email……………………………………………………………………………………….

**4. Release Statements**

I understand that this application will be reviewed by IMEAc officers.

Responsibility for accreditation process, the organization

* has intention to improve the quality of medical education and agrees to host the site visit.
* will follow the accreditation process of IMEAc.
* prepares the necessary arrangements and cooperates to the assessment with open and sincere disclosure including facilitating the access to all necessary areas.
* will release all the essential data complying with the standards, prepare the Self-Assessment Report to IMEAc and be ready to deliver more information requested by the assessors.
* will pay reasonable costs associated with the site visit.
* will not communicate to public of misunderstanding that the organization has been accredited without certification from IMEAc
* acknowledges that the data released to IMEAc being confidential between the organization and IMEAc

**5. Ethics Statement**

I state and attest that

(1) I have reviewed the information provided by my organization in this application package.

(2) To the best of my knowledge,

* this package contains no untrue statement of a material fact and
* omits no material fact that I am legally permitted to disclose and that affects my organization’s ethical and legal practices.

6. **Attached documents and materials.**

 I hereby submit the following documents and materials:

6.1. Full Self-Assessment Report (in hard copy and in flash drive)

6.2. Medical Program (in flash drive)

6.3. All evidences and related documents (in flash drive)

**7. Signature of Highest-Ranking Official**

(Name……………………………………)

Dean/Director of……………………….

Date…………………………………….