



State of Alaska Department of Health State Licensure Survey Waiver Application



Facilities with accreditation through a nationally recognized organization may be eligible to waive their biannual State licensing survey for the current/upcoming licensing period. To learn more about the survey waiver an eligibility, please refer to **7 ACC 12.925** and **AS 47.32.030(a)(9)(A-C)**. To apply, please provide the following information.

Facility Type: _____ AK License Number: _____

Facility Name: _____

Satellite Locations: Yes* No: (*if yes, inspection reports for those sites are also required)

Physical Address: _____

Mailing Address: _____

Primary Phone: _____ Primary Fax: _____

Email for facility distribution list: _____

Administrator: _____ Administrator's Phone: _____

Administrator's E-Mail: _____

Secondary Contact _____ Title: _____

Secondary's Phone _____ Secondary's E-Mail: _____

Name of Accrediting Organization (AO): _____

Date of last inspection: _____ Frequency of accreditation cycles: _____

Were any deficiencies identified during last inspection? *Yes: No:

*If yes, have the deficiencies been corrected? Yes: No:

For surveys conducted in the past 2-3 months, in which the facility has not received the report or have an approved plan of correction – when do you expect to receive these documents? _____

Name of Person Completing Form: _____ Date: _____

*****A copy of your last inspection report and plan of correction MUST be submitted with the application or the waiver will be denied*****

FOR DIVISION USE ONLY

Date Application Received: _____ All attachments included: Yes: No:

Application Reviewed by: _____ Date Reviewed: _____

Application is: Approved: Denied*:

Reason for Denial: _____

Signature: _____ Date: _____