

American Association of Integrative Medicine



AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE ACCREDITATION PRE-APPLICATION

During the AAIM Accreditation Pilot Program, the total accreditation fees are greatly reduced in consideration for the applicant's participation and feedback. The total fee to become accredited during the Pilot Program will be \$2,000. A fee of \$1,000 is due upon submission of the pre-application, and a fee of \$1,000 is due upon submission of the self-evaluation report.

AAIM offers a 100% money-back guarantee for all pre-applications that are not approved.

ELIGIBILITY CRITERIA

Entities that practice integrative medicine are eligible for accreditation under the American Association of Integrative Medicine.

Entities must meet all of the following criteria to be eligible for accreditation under the AAIM Accreditation Standards for Integrative Medicine Clinics:

- Entities must operate lawfully under state and federal regulations
- All integrative medicine practitioners practicing within the entity must have a current state license (where required) with no disciplinary action
- The entity has a process for assessing the quality of its services that involves a review of care by clinicians from outside or within the practice
- The entity agrees to grant AAIM access to records that are necessary to determine compliance with the standards. AAIM will not request records containing confidential patient information and will adhere to HIPAA guidelines.

Complete the attached form and submit with the pre-application fee by mail to 2750 E. Sunshine Springfield, MO 65804, or submit by fax to (417) 823-9959. If you have submission questions, please contact AAIM toll-free at (877) 718-3053.

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ACCREDITATION PRE-APPLICATION

MAIN PRACTICE INFORMATION

All of the questions in this application pertain to the site immediately listed below unless otherwise indicated. For AAIM accreditation purposes, this site is designated as the main practice. *All correspondence will be sent to the main practice.*

1. Practice Name: _____

2. Physical Address: _____

3. Mailing Address (if different than above): _____

4. Office Telephone: _____

5. Fax Numbers: _____

5. E-mail: _____

6. Web site: _____

6. Contact Person's Name: _____

7. Contact Person's Title: _____

8. Contact Person's e-mail address: _____

7. Practice Specialty (ies): _____

8. How long entity has been in existence: _____

9. Name(s) of all Practitioner(s) (attach Curriculum Vitae): _____

10. Licenses and/or accreditations held by the practice: _____

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11. Submit a statement describing the clinic's integrative care philosophy with a description of how it is implemented. (Attach separate sheet of paper)

12. Describe how the various modalities are integrated with one another. (Attach separate sheet of paper)

Please complete payment information below for the \$1,000 pre-application fee. AAIM offers a 100% money-back guarantee for all pre-applications that are not approved.

Method of Payment

Check made payable to AAIM is enclosed

Visa

MasterCard

American Express

Discover

Card Number _____

Expiration Date _____

Authorized Signature _____

I certify that the information I have provided to the American Association of Integrative Medicine (AAIM) is true, correct, and complete.

Name (printed): _____

Authorized Signature: _____ Date: _____