



Undersea & Hyperbaric Medical Society

UHMS Satellite Office
14607 San Pedro Ave, Ste 270
San Antonio, Texas 78232
Tele: (210) 404-1553 • Fax: (210) 404-1535
Website: www.uhms.org

CLINICAL HYPERBARIC FACILITY ACCREDITATION SURVEY APPLICATION

Complete and return the *Clinical Hyperbaric Facility Accreditation Survey Application* with the non-refundable application fee of \$495.00. Please submit the application form and supporting documentation identified on page 5 of the pre-survey questionnaire electronically by email (uhmsqara@aol.com) or mail (CD, flash drive, etc.) to the UHMS Satellite Office, 14607 San Pedro Ave Suite 270, San Antonio, Texas 78232. For those documents that cannot be prepared in an electronic format, provide an original plus three copies. Retain a copy of the application, presurvey questionnaire and all supporting documentation for your files.

Accreditation Survey Rec accreditation Survey Consultation Survey

Legal name of organization: _____

If the organization is doing business under another name (“dba”) or is known by a name different from its legal name, please indicate.

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Ext. _____ Fax: () _____

Email address: _____

Hyperbaric Medical Director: _____

Chief Executive Officer (if appropriate): _____

Survey Contact Person: _____

Contact Phone #: () _____ Contact Email: _____

If your hyperbaric facility is subordinate to a larger organization, or it is owned, operated, managed, or affiliated with another organization (such a hyperbaric medicine contract provider), indicate the name, address and contact information of the organization.

Please indicate which of the following best describes your type of hyperbaric facility:

- Hospital-based (hyperbaric only)
- Hospital-based (hyperbaric and wound care)
- Hospital-affiliated clinic (hyperbaric only)
- Hospital-affiliated clinic (hyperbaric and wound care)
- Non-affiliated outpatient clinic (hyperbaric only)
- Non-affiliated outpatient clinic (hyperbaric and wound care)

Please indicate the type(s) of hyperbaric chambers utilized in your facility:

- Monoplace: Number: _____
- Multiplace: Number: _____
- Both: Number of Multiplace: _____ Number of Monoplace: _____

What year did the facility become operational? _____

Please indicate the number of hyperbaric staff, by specialty and employment status (i.e., full-time, part-time)

Specialty	Full-time	Part-time	Total
Total			

The Undersea & Hyperbaric Medical Society (UHMS) will maintain the confidentiality of all information released to the Society or to Society surveyors by any organization seeking or having obtained accreditation. The UHMS will only use such information for the purposes of making a decision regarding accreditation and will not disclose confidential information to any third party except (a) with prior written permission from the organization seeking accreditation; (b) or as provided in the UHMS Clinical Hyperbaric Facility Accreditation Manual; or (c) as required by law.

All information, whether written or verbal, provided to the UHMS and/or its surveyors must be truthful and accurate. Providing false documents or information is grounds for termination of the accreditation application process, denial or revocation of accreditation.

The applicant is subject to the current UHMS accreditation policies and procedures and by signing this Clinical Hyperbaric Facility Accreditation Survey Application, the applicant agrees to these policies and procedures that may be periodically modified. All UHMS accredited facilities will obtain notice regarding all changes in UHMS accreditation policies and procedures. All changes to UHMS accreditation policies and procedures will be included in the most current edition of the UHMS Clinical Hyperbaric Facility Accreditation Manual.

The undersigned makes application to the UHMS for a clinical hyperbaric facility accreditation survey of the organization identified in this application. Further, the undersigned grants permission for the release of official records to the UHMS by any federal or state agency or other relevant organization if necessary for review during the accreditation survey process.

The applicant agrees that it shall not be entitled to monetary damages, whether compensatory, consequential, collateral, punitive or otherwise, from the UHMS, its officers, directors, employees, agents, surveyors, or members of its committees because of any controversy or claim arising out of any procedures, actions, or decisions with respect to hyperbaric facility accreditation. In the unlikely event of an applicant controversy or claim against the UHMS related to any hyperbaric accreditation procedure or decision, the applicant agrees that the applicant has the right to reconsideration or appeal in accordance with the UHMS accreditation appeals process in effect at the time of the appeal and, upon final decision by the Executive Committee of the UHMS, to submit such a decision for settlement by arbitration administered by the American Arbitration Association in Chicago, Illinois in accordance with its Commercial Arbitration Rules. Judgment on the award rendered by the arbitrator(s) may be rendered in any court having jurisdiction thereof. The applicant waives all other rights to sue or to resolution of any such claims against the UHMS, its officers, directors, employees, agents, surveyors, and members of its committees in a court of law.

Printed Name and title of
Director, Hyperbaric Medicine or
Chief Executive Officer

_____ Title _____

Signature of
Director, Hyperbaric Medicine or
Chief Executive Officer

_____ Date _____

Payment Options:

_____ Check _____ Visa _____ MC _____ AE _____ Diners Club

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature (required): _____



In order to facilitate the travel arrangements and accommodations for the survey team, please provide the following information:

Name and location of recommended airport _____

Please recommend two hotels that are close to your facility and have convenient access to restaurants:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Telephone: () _____ Telephone: () _____