AAPACE

LETTER OF INTENT TO PURSUE DESIGNATION: PART 1 APPLICATION PROCESS

This letter is to notify AAPACE of your facilities intent to pursue Nursing ExCEL accreditation.

All supporting documentation and application fee must be submitted with your completed Letter of Intent (LOI) to be considered.

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Facility Name:

2. Number of Licensed Beds: Occupied Beds:

3. Date of Last Annual Survey:

4. Current regulatory standing without sanctions (see definition in handbook) Yes No

5. Active current state license without conditions Yes No

Name of facility Administrator:

E-mail :

Name of Director of Nursing:

E-mail :

Contact for Accreditation Process:

E-mail :

Facility Address:

Phone/ext.:

Supporting documentation to be included with completed Letter of Intent (LOI):

- ☐ Copy of current State Licence
- ☐ Last Annual Survey (2567) & Plan of Correction
- ☐ Proof of Operating Authority
- ☐ $250 Application Fee

Payment Fee and Instructions:

Completed LOI and supporting documents may be scanned and emailed to **smixdorf@aapace.org** or mailed to **AAPACE, 55 West 22nd Street, Suite 200, Lombard, IL 60148**. Payments can be made on-line at **www.aapace.org** or by sending cashiers check or money order to address listed previously.

COMPLETED BY: NAME/TITLE

DATE