



AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

ACCREDITATION OFFICE: 5101 Washington Street, Suite 2F • P.O. Box 9500, Gurnee, Illinois 60031 • Toll Free 1-888-545-5222  
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Director's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What type of legal entity is your practice?

- Business corporation
- Limited liability company
- General partnership
- Registered limited liability partnership
- Professional corporation
- Professional limited liability company

If your practice is organized as a general partnership or as a registered limited liability partnership, are all of the partners, physicians? Yes \_\_\_\_\_ No \_\_\_\_\_

If your practice is organized as a professional corporation, are all of the shareholders, directors, and officers, physicians? Yes \_\_\_\_\_ No \_\_\_\_\_

If your practice is organized as a professional limited liability company, are all the members and managers, physicians? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this facility currently licensed by the state of New York? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please complete this questionnaire within 5 business days  
and return by fax to the AAAASF office at 847-775-1985.**

**Thank you!**