



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
Phone 847-775-1970 Fax 847-775-1985 • E-mail: info@aaaasf.org • Web Site: www.aaaasf.org

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!