American Association for Accreditation of Ambulatory Surgery Facilities

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Peer Review Exemption Form

This form should be used when a physician has performed less than six cases during a peer review reporting period. Please make sure to submit all cases that the physician performed online prior to submitting this document.

Facility Name:_____ Facility ID #:_____

Physician Name	Total # of Cases Completed	Reason for Override

(Note: Please use more than one form if needed)

Medical Director Name: _____

Medical Director Signature: _____ Date: _____

Please submit the form via fax, email, or mail prior to the Peer Review reporting deadline to remain in compliance.

Fax: 847-775-1985

Email: helpdesk@aaaasf.org

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