



EAGLE Accreditation Application Form

PLEASE PRINT OR TYPE

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name/Title of Chief Executive: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name/Title of Board Chairperson: _____

Address of Board Chairperson: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Coordinator for Accreditation Process: _____

Phone: _____ Fax: _____ Email: _____

Type of Facility/Program (Check all applicable categories): _____

- Children, Youth & Family
- Ministry to Persons With Disabilities
- Older Adult Ministry
- Community Service Center
- Childcare Center
- Other Please Describe: _____

Locations

Please Note: If multiple organizations and/or programs exist at locations in addition to the main corporate *headquarters*, they are also to be reviewed.

1. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

2. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

3. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

4. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

5. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

6. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

7. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

8. Organization: _____
Address: _____
Administrator: _____
Phone: _____ Fax: _____ Email: _____
Served: _____ Distance from HQ: _____

Attach additional pages as needed

This Application is:

- for EAGLE accreditation only
- concurrent accreditation with CARF
- concurrent accreditation with COA
- concurrent accreditation with JCAHO

How did you hear about EAGLE Accreditation?

- Referral or recommendation from an accredited Organization
- EAGLE or UMA Website
- EAGLE Newsletter
- Other. Please Explain: _____

What month would you like to have your EAGLE Site Visit? _____

Please note: If you are unable to meet this site visit date, you may be responsible for costs related to the preparation of your review team.

Corporate Offices

If the health and welfare organization(s) is/are owned and operated as a subsidiary to a separate corporate structure, please list the following:

Name of Controlling Corporation: _____

Controlling Corporation is: not-for-profit for profit

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Total number of facilities under corporate management: _____

Name/Title of Corporate Executive Officer: _____

Name/Title of Corporate Board Chairperson: _____

Statistics

Identify client/resident/patient capacity of each organization or program as approved by state licensure or other applicable authority. (Attach additional pages as needed)

Organization's total expense budget (Most recent budget): _____

Organization's total income budget (Most recent budget): _____

Fiscal year runs from _____ to _____

Number of full-time employees (latest budget year): _____

Number of part-time employees (latest budget year): _____

Total number of full time equivalent (FTE) positions (latest budget year): _____

Number of volunteers (latest budget year): _____

Faith Connection (Connectional Unit)

Primary Connectional Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Other Connectional Units to which the organization relates:

1. Connectional Unit: _____

Nature of Relationship: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

2. Connectional Unit: _____

Nature of Relationship: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Attach additional pages as needed

Licensure and Accreditation

This health and welfare organization is licensed by the State of _____

This health and welfare organization is certified for participation in:

- Medicaid
- Medicare
- Temporary Aid to Needy Families
- HMO
- PPO
- Other (Specify)

This organization's educational programs are accredited to grant:

- Elementary and/or high school credit Yes No
- GED credit Yes No
- College credit given for courses/practicum Yes No
- Graduate credit given for courses/practicum Yes No

This organization has training agreements with these affiliation/practicum programs:

1. School or Program Name: _____

Location: _____

Program Description: _____

Formal Agreement Document Exists: Yes No

2. School or Program Name: _____

Location: _____

Program Description: _____

Formal Agreement Document Exists: Yes No

3. School or Program Name: _____

Location: _____

Program Description: _____

Formal Agreement Document Exists: Yes No

Attach additional pages as needed.

Has this organization received certification or accreditation from any of the following?

Term of Recognition

The Joint Commission From _____ To _____

COA From _____ To _____

CARF From _____ To _____

Other (Specify) From _____ To _____

Has the organization's certification/accreditation status ever been suspended or
revoked? Yes No

If yes, when and for what reason(s): _____

Have any of the organization's certifications/accreditations expired within the past
year? Yes No

If yes, which and for what purpose(s): _____

We believe the foregoing to be a full and complete listing of the identifying information, connectional relationships and programs and services offered by this organization. By our signatures below, we affirm that the duly elected members of the governing board have taken official action to appropriately authorize this organization's participation in the EAGLE Accreditation Program.

Signature of Chief Executive Officer

Date

Signature of Governance Board Chairperson

Date

To pay your deposit by credit card, please call the UMA office at 301.556.1340.

United Methodist Association
EAGLE Accreditation Commission
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P: 301.556.1340 | F: 301.291.7385 | E-mail: eagle@ourUMA.org