



# Facility Re-Certification Process and Requirements

## Re -Certification Process – Phase I – Application, Initial Payment and Guidelines

- Cost is \$5,000 for the first facility. A second facility examined on the same site visit by the same team costs \$3,500 and any additional facilities visited during the same site visit by the same team of examiners costs \$2,500 per facility. Each facility is required to be a facility member of the Medical Fitness Association. Separate applications must be submitted for each site/ location. Any certification awarded will be valid only for the individual site, or location, certified regardless of the number of sites or locations that may be operated by the business submitting the application. If one facility is being recertified and the second facility is being certified for the first time, the fee for both facilities is \$5000.
  - A facility must maintain their facility membership during the three year certification period in order to be eligible for recertification. A lapse in membership for more than 6 months will result in the requirement for a new initial application.
  - MFA staff are available to assist you with your preparation questions or standards interpretation. Feel free to contact us at any time.
  - **Complete the Facility Certification Application on page 2** and submit with the appropriate documents mentioned below. A payment of **\$1,500** must accompany the submitted application for the first facility and **\$1,000** for the second and **\$500** for each additional facility. Be certain that you have the most recent Facility Standards and Guidelines Book. We are currently using the 2<sup>nd</sup> Edition.
  - **Submit supporting documents and payment:**  
Email supporting documents to: **Bob Boone** at [bob.boone@medicalfitness.org](mailto:bob.boone@medicalfitness.org)  
Mail payment and/or documents to:  
**Medical Fitness Association**  
**Facility Certification Department**  
**90 Cherokee Road, Suite 3-A**  
**Pinehurst, NC 28374**
1. A letter on facility stationery from the Chair of the Physician Advisory Board or Medical Director supporting the Application for Certification.
  2. A copy of the facility's Mission Statement, or Corporate Mission statement reflecting the organization's commitment to wellness as a strategy.
  3. A description of the specific medical connection the facility has to the local continuum of care/health care community (i.e. what constitutes the facility's relationship with the local medical community and how are you "medically integrated" or utilizing the "medical fitness model").
  4. A list of all members of the Physician Advisory Board or Medical Advisory Council and/or the name of the Medical Director.
  5. A copy of the minutes of the most recent Medical Advisory Board meeting and the scheduled dates of the three previous meetings and the next 3 meetings.
  6. A copy of the facility monthly *Scorecard* showing how you measure the key metrics of your facility including financial, clinical and program components, or a copy of the facility's *Strategic Plan* that addresses these outcomes components.
  7. One (1) case study of a facility member who has had a clinical intervention in your facility utilizing the local medical connection/relationships you described earlier.
  8. One example of how you have measured the results/outcomes of a program or service and used those results to modify or improve that program.
  9. Copies Of Job Descriptions for key positions such as Executive Director, Fitness Director, Clinical Coordinator, Group Exercise Leader, Aquatics Director and general descriptions for positions such as Fitness Instructors and Group Exercise Instructors.
  10. The website address of the facility, if available and/or appropriate



### **Certification Process – Phase II – Application Review and Certification Materials**

- The Medical Fitness Association office will review each application packet for completeness and may request additional clarification and/or evidence.
- The Medical Fitness Association will require you to complete a self-scored Facility Examination Checklist and submit an explanation of any items you score as N/A.
- The Medical Fitness Association office will provide the following certification materials to the facility: The Binder Format Recommendation for the Site Visit, a Sample Two Day Examiner Agenda and a copy of the Onsite Evaluation Process.
- Applications will be reviewed in the order they are received and allow 2-3 weeks for the processing of the application
- The Medical Fitness Association office will ask for a range of dates for possible site visits.
- A payment of **\$1,500** is due at this time for the first facility and **\$1,000** for the second facility and **\$1000** for each additional facility.

### **Certification Process – Phase III – Examiner Visit Materials and Final Payment**

- The Medical Fitness Association office will recommend to the Facility Certification Committee that an onsite visit be scheduled.
- The Facility must provide a final copy of the two day agenda and a completed Facility Examination Checklist.
- The Medical Fitness Association office will confirm the dates of the Examiner visit.
- The MFA Office will confirm that your facility membership dues are current and will not expire prior to your scheduled site visit.
- The final payment of **\$2,000** for the first facility, **\$1,500** for the second facility, and **\$1000** for each additional facility is due at this time. Final payment must be received prior to the site visit.

### **Certification Process – Phase IV – Completed Application Review and Marketing Kit**

- The Examiner Scored Site Visit Forms will be submitted to the Medical Fitness Association office for review and completeness within 10 days of the site visit.
- The final documents are not complete until the Site Visit Questionnaire (Form D) is received from the facility.
- The application and examiner site visit forms will be reviewed for completeness and errors by the MFA staff. The packet is then forwarded to the Certification Committee for review and recommendation. The Committee's recommendation will be forwarded to the Board of Directors for final consideration and dispensation. This process can take up to 8 weeks or more if several applications are being considered at the same time.
- Once approval is recorded from the Board of Directors, the Medical Fitness Association office will contact the facility and provide the Certified Facility Marketing Kit that includes sample press releases and handouts for members. A CD will be mailed to the facility containing the art work for the Certified Logo along with copies of the Examiner Site Visit Forms for reference. Your facility will also receive a framed certificate with the official seal of certification.

We wish you the best with regards to your facility re-certification. It is our goal to certify all who apply, but from time to time we find facilities that do not pass. In that event, the facility has 6 months to correct enough items not passed to obtain a passing score and become certified facilities.

With Best Regards,

Robert D Boone, President and CEO



Medical Fitness Association Tax ID# 36-4259889

# Application to Recertify a Certified Medical Fitness Facility

Date: \_\_\_\_\_

Contact Name for Certification Process: \_\_\_\_\_

Title: \_\_\_\_\_

Facility Director Name and Email (if different): \_\_\_\_\_

If part of a hospital or Health System, Name, mailing address and email of CEO: \_\_\_\_\_

Name of Facility & as you would like it printed on your certificate:

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Facility Website: \_\_\_\_\_

Facility Size: \_\_\_\_\_ Total Number of Members: \_\_\_\_\_

Ownership of Facility: Hospital or Health System \_\_\_\_ Privately owned by physician or other practice model \_\_\_\_  
Foundation \_\_\_\_ Other Non-Profit (please specify) \_\_\_\_  
Privately owned commercial \_\_\_\_ Other model (please specify) \_\_\_\_

**Please note: Applications may only be submitted for one site/one location/one address. If you have multiple locations, each facility must submit a separate application and pay the appropriate fees. Only one certification will be awarded per location.**

May Medical Fitness Association use any or all of your application for best practice examples? \_\_\_\_ Yes \_\_\_\_ No

Application Fee Enclosed: \_\_\_\_\_

Check \_\_\_\_ Credit Card (All Major Credit Cards Accepted) MasterCard \_\_\_\_ Visa \_\_\_\_ American Express \_\_\_\_  
Discover \_\_\_\_ Other (please list) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ C V V Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Authorized Signature \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_