Facility Certification Process and Requirements

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

- The cost for the initial certification is $7,500 for the first facility. A second facility, inspected on the same site visit by the same team of examiners, costs $5,000 and any additional facilities, visited during the same site visit by the same team of examiners, costs $3,500 per facility. Each facility must hold a Facility or Patron Membership in the Medical Fitness Association (MFA). 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 owned, managed, or operated by the business submitting the application.

- A facility must be open for business and in operation for at least one year prior to submitting an application.

- The MFA staff is available to assist you with any questions or interpretations of standards. Please feel free to contact us at 910-420-8610, or email bob.boone@medicalfitness.org.

- Complete the Facility Certification Application (last page of this document) and submit with the documents requested below. Be certain that you have the most recent 2nd Ed. Facility Standards and Guidelines Book.

- The MFA office will review each application for completeness and may request additional clarification and/or evidence of compliance with the standards.

- Payments may be made by credit card on the attached form or checks payable to: Medical Fitness Association
Medical Fitness Association - Attn: Facility Certification
90 Cherokee Rd, Ste 3A
Pinehurst, NC 28374

PLEASE NOTE THAT APPLICATIONS SHOULD BE SUBMITTED ELECTRONICALLY VIA EMAIL TO BOB.BOONE@MEDICALFITNESS.ORG. If sending the application digitally is not possible, a hard copy may be mailed via certified mail or other secure package delivery service to the address above.

Please remit copies of the documents referred to below to the MFA office with your application.

1. A letter on facility stationary 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 copy of the Organizational Chart showing a breakdown of areas that report to the wellness center director and showing where the wellness center fits within its parent organization, if any.
4. The website address of the facility.
5. 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”).
6. A list of all members of the Physician Advisory Board / Medical Advisory Committee and/or the Medical Director.
7. 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.
8. A copy of the facility monthly Scorecard showing the key metrics of your facility including financial, clinical and program components, or a copy of the facility’s Strategic Plan that addresses these business and clinical outcomes components.
9. A description of your 3 clinical programs you will use for the certification and include any outcomes measures you have developed and collected for those programs. Please make sure your program description for each of the 3 programs has identified inclusion and exclusion criteria.
10. 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.

11. 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.

Certification Process – Phase II – Application Review and Certification Materials

- The MFA office will review each application packet for completeness and may request additional clarification and/or evidence.
- The MFA office will require you to complete a Self-Scored Facility Checklist and submit an explanation of any items you score as “N/A” on a separate provided form (Form G).
- The MFA 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.
- A proposed Two Day Agenda for your site visit must be turned in to the MFA Office.
- Applications will be reviewed in the order they are received and allow 2-3 weeks for the processing of the application.
- The MFA office will ask for a range of dates for possible site visits.
- A payment of $1,875 for the first and second facilities and $1,000 for each additional facility is due at this time.

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

- The MFA office will recommend to the Facility Certification Committee that an onsite visit be scheduled.
- The MFA office will confirm the dates of the Examiner visit.
- MFA will check to be sure that your Facility Dues are current or will not expire prior to the site visit.
- The final payment of $3,750 for the first facility, $1,250 for the second facility and $1,500 for each additional facility is due at this time. Payment must be received prior to the site visit.

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

- The Examiner Site Visit Forms will be submitted to the MFA office within 10 days of the site visit.
- Sites must complete and submit to MFA the Site Visit Questionnaire (Form D) left with you by the examiners. If you do not receive the form at the time of the evaluation, please contact the MFA office.
- 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 may take up to six (6) weeks to complete, but may go longer under certain unusual circumstances.
- Once a final decision is rendered from the Board of Directors, the MFA office will contact the facility notifying them of the decision.
  - If approved, the MFA office will provide a Certified Facility Marketing Kit that includes a sample press release, member/staff letters, PowerPoint template, and two (2) Certified Center decals for posting at your facility, among other documents. 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.
  - If the decision is for disapproval, the MFA office will provide the examiner site visit forms and allow the facility an opportunity to submit additional evidence of compliance with the standards. The site visit examiners will be available to assist the facility in coming into compliance. The facility will have six months to achieve a passing score and become a certified facility. Should the facility not come into compliance within the allotted six month time frame, the application for certification will be denied and the facility must re-submit a new application to be considered for certification.

We wish you the best with regards to your facility certification. It is our goal to certify all who apply, so the MFA office stands ready to answer questions, offer advice, or help in any reasonable way to prepare you for your certification visit.

With Best Regards,

Robert D. Boone, President and CEO
Medical Fitness Facility Certification Application

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: ___________________________________________

Name & Email of your Marketing Contact: _______________________________________________________________________________________

Facility Mailing Address: _________________________________________________________________

City: ____________________________ State: _________ Zip: __________

Phone: __________________________ Fax: __________________________

Email (Required): ___________________________________________________________________________________

Facility Website: __________________________________________________________________________________

Facility Size: __________________________ Total Number of Members: __________________________

Facility Ownership:

☐ Hospital or Health System ☐ Privately Owned Commercial ☐ Foundation
☐ Privately Owned by Physician or Other Practice Model
☐ Other Non-Profit (please specify): _______________________________________________________________________
☐ Other Model (please specify): ___________________________________________________________________________

Please note: Applications may only be submitted for one site/location/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 as examples of good practice? ☐ Yes ☐ No

Application Fee Enclosed: ___________ ☐ $1,875 1st Facility ☐ $1,875 2nd Facility ☐ $1,000 3rd or more
☐ Company Check ☐ Credit Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number: ___________________________________________________________________________

Expiration Date: _______________ CVV Code: ________

Authorized Signature: __________________________ Print Name: __________________________

Name on Credit Card (please print): _______________________________________________________________________

Credit Card Billing Address: __________________________________________________________________________

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