Facility Re-Certification Process and Requirements

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

- The Cost is $5,000 for the first facility. A second facility being re-certified on the same site visit by the same team costs $3,500 and any additional facilities re-certified during the same site visit costs $2,500 per facility. Each facility is required to be a continuous 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 evaluated regardless of the number of other locations that may be operated by the business submitting the application. Re-certification fees are applied independently to each facility.

- A facility must maintain their facility membership during the three year certification period in order to remain a certified facility and be eligible for re-certification. A lapse in membership for more than one year will result in the requirement for a new initial application.

- MFA staff members are available to assist you with your preparation questions or standards interpretation. Please feel free to contact us at any time at 910-420-8610 or email bob.boone@medicalfitness.org.

- Complete the Facility Re-Certification Application on page 3 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 packet 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 by check payable to: Medical Fitness Association

Medical Fitness Association  
ATTN: Facility Certification  
90 Cherokee Road, Suite 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 and the website address of the facility.

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. 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”).

5. A list of all members of the Physician Advisory Board / Medical Advisory Committee and/or the Medical Director.

6. A copy of the minutes of the three (3) most recent Medical Advisory Board meetings and the scheduled dates of the next three (3) meetings.

7. A copy of the facility Scorecard showing the key metrics for your facility including financial, clinical and program components, and a copy of the facility’s Strategic Plan that addresses these business and clinical outcomes components.
8. 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.

9. 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.

10. 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 (May be clinical, or general programming).

Re-Certification Process – Phase II – Application Review and Re-Certification Materials
- 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.
- The MFA office will require you to complete a self-scored Facility Examination Checklist and submit an explanation of any items you score as N/A. on Form G.
- You will need to complete a draft 2 day agenda for your site visit.
- Please submit a range of dates for possible site visits.
- Applications will be reviewed in the order they are received and allow 2-3 weeks for the processing of the application.
- A payment of $1,500 is due at the completion of Phase II review for the first facility; $1,000 for the second facility; and $1,000 for each additional facility.

Re-Certification Process – Phase III – Examiner Visit Materials and Final Payment
- The MFA office will send out a call for examiners for the requested dates.
- Once an examiner team is named, the examiner team will contact the facility and coordinate the agenda.
- The Facility must provide a final copy of the two day agenda at least 2 weeks in advance of the site visit date.
- The MFA 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 $1,000 for each additional facility is due at this time. Final payment must be received one week prior to the site visit.

Re-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 MFA office will contact the facility and provide the Certified Facility Marketing Kit to the marketing contact 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, a facility may not pass. In that event, the facility has 6 months to obtain a passing score and become a certified facility.

With Best Regards,

Robert D. Boone, President and CEO
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: __________________________________________________________________________________________
________________________________________________________________________________________________
Marketing contact name and email: _________________________________________________________________
________________________________________________________________________________________________

Facility 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 as examples of good practice? □ Yes □ No
Application Fee Enclosed: □ $1,500 1st Facility □ $1,000 2nd Facility □ $500 3rd or more
Company Check □ Credit Card: □ MasterCard □ Visa □ American Express □ Discover Credit Card
Number: _________________________________________________________________________________________
Expiration: ___________________________ CVV Code: ___________________________
Authorized Signature: ___________________________ Print Authorized Name: ___________________________

Name on Credit Card (please print): __________________________________________________________________
Credit Card Billing Address: __________________________________________________________________________