



Facility Recertification Process and Requirements

Phase 1 - Initial Application and Guidelines

- Complete the Facility Recertification Application** (page 3 of this document) and submit with the documents requested below. Send by email to david.flench@medicalfitness.org.
- A facility must be current on their annual recertification fees of \$1,250 per year for each facility, which start the year following the initial certification. If the annual fees are not complete by the month prior to the recertification site visit, the facility certification will be considered lapsed, and the new facility certification fee of \$4,500 will apply if proceeding with the site visit.
- Each facility must hold an active Facility or Patron Membership with the Medical Fitness Association (MFA).
- Separate applications must be submitted for each site/location. Any recertification 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.
- Be certain that you have the most recent edition of our *Facility Standards and Guidelines Book*. 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 david.flench@medicalfitness.org.
- The MFA office will review each application for completeness and may request additional clarification and/or evidence of compliance with the standards.

Phase 2 – Application Review, Certification Materials, and Final Payment

- Complete and submit a **Self-Scored Facility Checklist**.
- Complete and submit **Form G** to explain any items you score as “N/A” on the checklist.
- Complete and submit a proposed **Examiner Agenda** for your site visit based on the template sent to you.
- Submit a range of your preferred dates for the site visit.
- The MFA office will provide instructions on how to submit your digital files and the format required in our online platform.
- Applications will be reviewed in the order they are received; please allow 2-3 weeks for the processing of the application.
- The MFA office will confirm the dates of the site visit and ensure there is no conflict of interest for the Examiners with your facility at the end of this phase.

Phase 3 – Examination Review and Marketing Kit

- The Examiner Site Visit Forms will be submitted to the MFA office within 2 weeks of the site visit.
- Sites must complete and submit **Form D** (Site Visit Questionnaire) provided 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 within 2 weeks.
- The Committee's recommendation will be forwarded to the Board of Directors for final consideration and dispensation within 2 weeks.
- 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 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 denied, 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 Examiners will be available to assist the facility in coming into compliance. The facility will have 6 months to achieve a passing score and become a certified facility. Should the facility not come into compliance within the allotted 6-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 recertification. It is our goal to recertify all who apply, and the MFA office stands ready to answer questions, offer advice, or help in any reasonable way to prepare you for your recertification visit.

With Best Regards,

David Flench

President and CEO

Medical Fitness Association

90 Cherokee Rd, Ste 3A

Pinehurst, NC 28374



Medical Fitness Facility Recertification Application

Date: _____

Contact Name & Title for Certification Process: _____

Name of Facility as you would like it printed on your Certificate: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Facility Email: _____

Facility Website: _____

Facility Director Name & Email (if different than contact person): _____

Name, Mailing Address & Email of CEO: _____

Name & Email of Marketing Contact: _____

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/one location/one address. If you have multiple locations, each facility must submit a separate application and pay separate fees. Only one certification will be awarded per location.

May the Medical Fitness Association use any of your information provided as examples of good practice?

- Yes No

Submit the following documents in the email with your application.

1. A letter on facility stationary from the Chair of the Medical Advisory Committee or Medical Director supporting your Application for Certification.
2. A copy of the facility's Mission Statement, or Corporate Mission statement, reflecting the organization's commitment to wellness.
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 copy of the minutes of the three (3) most recent Medical Advisory Board meetings and the scheduled dates of the next three (3) meetings. This must include a list of all members of the Medical Advisory Committee and/or the Medical Director.
6. A description of the three (3) clinical programs you will use for the certification, including the outcomes measures you collect for those programs and the inclusion and exclusion criteria.
7. One (1) case study of a facility member who has had a clinical intervention in your facility utilizing the local medical connection/relationships 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 (these may be clinical or general programming).