Attachment A Independent Quality Monitor Application

APPLICANT INFORMATION:		
1. Printed Legal Name:		
2. Street Address/P.O. Box:		
3. City/Town/Village:		4. Postal Zip Code:
5. Contact Telephone#:	6. Contact Email:	
C. Comaca recognitions	0. 00.1143. 2.114.11	
NADDATINE (D. 1. IV. 1. IV.		
NARRATIVE (Required): In addition to		•
expandable text boxes below to describe	•	
Independent Quality Monitor. No more than		rmation. Font Style
Optional (e.g., Times New Roman); and,	Size 12.	
1. Description of experience and ba	ckground in the energtion of DC	U licensed or
certified entities relevant to servi		
	mig ac an macpenach quamy n	
2. Description of knowledge of curre		
guidance documents and other r	elevant laws, rules and guidanc	e relating to
specific corrective actions:		
3 Description of analytical abilities	and experience related to intern	rotation of data and
3. Description of analytical abilities	and expendence related to interp	retation of data and

Revised June 2021

A List of DOU licensed or certified Provider(s) that you have a current efficient with an
4. List of DOH licensed or certified Provider(s) that you have a current affiliation with or
have had an affiliation with in the past, and the approximate timeframe for each
con
affiliation:
5. Have you taken and passed the Surveyor Minimum Qualifications Test?
o. Have you taken and passed the our veyor willindin additions i est: