



Facility Re-Certification Process and Requirements

Thank you for your interest in our Medical Fitness Facility Re-Certification process.

Re -Certification Process – Step 1 – 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.
- 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 requiring a new initial application.
- **Complete the Facility Certification Application on page 2** and submit with the appropriate documents mentioned below. A payment of **\$1,875** (37% of overall cost) must accompany the submitted application. Be certain that you have the most recent Facility Standards and Guidelines Book. We are currently using the 2nd Edition.
- **Make checks payable to Medical Fitness Association and remit payment to:**
Medical Fitness Association
Facility Certification Department
90 Cherokee Road, Suite 3-A
Pinehurst, NC 28374

Remit the appropriate documents referred to below to the following address. Please do not use staples.:

PLEASE NOTE THAT APPLICATIONS MAY NOW BE EMAILED TO BOB.BOONE@MEDICALFITNESS.ORG

Medical Fitness Association
Attn: Facility Certification
90 Cherokee Road, Suite 3-A
Pinehurst, NC 28374

- A letter on facility stationary from the Chair of the Physician Advisory Board or Medical Director supporting the Application for Certification
- A copy of the facility's Mission Statement, or Corporate Mission statement reflecting the organization's commitment to wellness as a strategy.
- 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")
- A list of all members of the Physician Advisory Board or Medical Advisory Council and/or the name of the Medical Director
- 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. Include samples of any clinical outcomes measures you are collecting.
- 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.
- 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
- 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.
- 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
- The website address of the facility, if available and/or appropriate

Certification Process – Step 2 – 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 and submit a Self-Scored Facility Examination Checklist and submit an explanation of any items you score as N/A in a separate provided document.
- 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. Please 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 \$1,875 is due at this time.

Certification Process – Step 3 – 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.
- The Medical Fitness Association office will confirm the dates of the Examiner visit.
- The final payment of \$1,250 is due at this time. Payment must be received prior to the site visit.

Certification Process – Step 4 – Completed Application Review and Marketing Kit

- The Examiner Scored Site Visit Forms will be submitted to the Medical Fitness Association office for review within 10 days of the site visit.
- 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 is usually accomplished within 4 weeks, but may take longer if several applications are being considered at the same time.
- Once a final determination is reached by the Board of Directors, the Medical Fitness Association office will contact the facility and provide approved facilities with 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. Non-approved facilities will receive their examiner site visit forms and instructions on providing additional evidence of compliance or working with the examiners to come into compliance with the standards. Non-approved facilities will have 6 months to come into compliance with the standards and be reconsidered for certification.

We wish you the best regarding your facility re-certification journey. It is our goal to certify all who apply and we stand ready to answer questions and provide any assistance you may need as you prepare..

With Best Regards,



Robert D Boone, President and CEO



Medical Fitness Association Tax ID# 36-4259889\

Medical Fitness Association 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 and mailing address of CEO: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (Required): _____

Facility Website: _____

Ownership of Facility(Circle one): Hospital or Health System Foundation
Privately owned by physician or other practice model _____ 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 _____

Facility Size: _____ Total Number of Members: _____