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Accreditation Data

PN System
2950 W 84 St. Bay 7
Hialeah, FL 33018
305.818.5940
fax: 305.819.4064

info@pnssystem.com

Application data:

** do not not print or scan the form please*

Company name: _____

Horas Operation: _____ to _____

Address: _____

Initial Date of Operation: _____

Total Employees: _____

Phone: _____ Fax: _____

Tax ID: _____ NPI: _____

**please use proper capitalization*

President: _____

Contact Person: _____

Administrator: _____

License #: _____ Date Initial Operation: _____

Medicare #: _____ Medicaid #: _____

Patients in last 12 months: _____ Unduplicated Admissions: _____

email address: _____

Password: _____ user id: _____
(for Accreditation body, do not fill)

Previous Accreditation body: _____ Dates: _____ to _____

Submitted by (name): _____

Date: _____



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