



Request for New Accreditation or Re-Accreditation Evaluation & Approval Form

Evaluation Form for:

New Accreditation Re- Accreditation

Part I (Accreditation General Information)

Accreditation Body Name	
Accreditation Name	
Accreditation Level	Hospital-wide Departmental Section Program Services
Accreditation Location	Clinical area, specify _____ Non-clinical area, specify _____
Accreditation is:	Mandatory Voluntary
Accreditation Renewal Frequency	Yearly Every other year Triennial Every 4 years Every 5 Years Other _____
Assessment between survey visits	Yes No
Initial Accreditation cost	US SR Not applicable
Survey visit cost	US SR Not applicable
Re-Accreditation cost	US SR Not applicable
Institutions that have achieved the same Accreditation?	Nationally, specify _____ Internationally, specify _____

Part II (Short description for Accreditation)

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Part III (Accreditation objectives)

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Are the Accreditation objectives covered by other Accreditation achieved by KFHSRC- Riyadh?

Yes No

If yes, please specify

Part V - Accreditation Evaluation Criteria

Accreditation is voluntary Yes No	*Accreditation Achievement supports Patient Safety 0 – 10 Points	*Accreditation Achievement improves facility safety 0-10 Points	*Accreditation has a positive financial impact 0-10 points	*Accreditation has unique objectives? 0- 10 points	*Accreditation objectives aligned to hospital strategic priorities 0- 10 points	Accreditation has a continuous assessment system between 2 conductive cycles 0-10 points	Accreditation cost is affordable 0-10 points	Accreditation is pre-requisite to existing one Yes No
Provide evidence/ reference								
If the Accreditation is mandatory, these evaluation criteria are not applicable.								
If the Accreditation is a pre-requisite to an existing Accreditation, both should be evaluated.								
Accreditations will be approved if the total achieved score is greater or equal to 65 points.								
Part I, II, and III of this form to be completed by a requester who will provide supporting evidence and submit all via a memo to the accreditation committee.								
Parts V, VI, and VIII of this form and supporting documents should be completed by at least 5 members of the Accreditation Committee after reviewing Parts: I, II & III and supporting documents provided by the requester.								
Supporting documents/evidence to be attached to this form								
Evaluation rating should be discussed during the Accreditation Committee meeting								



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Part VI – Accreditation Approval Status

Approved

Pending, request more information, specify

Rejected due to the following reason(s)

Achieved evaluation score < 65 points

Accreditation objectives covered by existing Accreditation

Accreditation cost not affordable

Others, specify

Part VII – Evaluators list

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|----------|-----------|-------|------------|
| 1. Name: | Position: | Date: | Signature: |
| 2. Name: | Position: | Date: | Signature: |
| 3. Name: | Position: | Date: | Signature: |
| 4. Name: | Position: | Date: | Signature: |
| 5. Name: | Position: | Date: | Signature: |

Original form should be maintained with Accreditation committee meeting material and copy to be sent to the