



**Accreditation Program Application  
Letter of Intent**

Submitted to:  
AER Accreditation Council  
1703 N. Beauregard Street, Suite 440  
Alexandria, VA 22311  
Email: accreditation@aerbvi.org

The organization identified below is seeking accreditation consideration and has enclosed the required processing fee as applicable: New \$500/ \$350 Re-Accreditation

<b>Organization Information</b>	
Name of Organization	
Web Address	
Telephone	
Fax	
Mailing Address	
Billing address	
<b>Contact Person Information</b>	
Name	
Title	
E-mail	
Department	
List all programs and services offered by your organization and separate with a comma:	
<b>List each program that is being considered for accreditation or re-accreditation (attach additional sheet if more than 2 programs):</b>	
Program	

Program	
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**Fee Submitted \$** \_\_\_\_\_

We understand that:

- Upon receipt of a copy of this Letter of Intent, a Review Panel will be selected that will be responsible for reviewing the documents/materials. When informed of the names of the specific individuals, should there be an unforeseen conflict of interest, I understand I have the right to challenge the appointment or inclusion of any member for a justifiable cause within seven days of the date of receipt of the individuals assigned to the review.
- The review process will be initiated within 30 days from the date of receipt of the required files and documentation, unless specified and or requested otherwise. I understand that after each panel member has reviewed the materials and produced a rating on each standard, the Chair of the Review Panel may request additional information to clarify adherence to all criteria. I understand that as part of this process, the Chairperson of the Review Panel will contact you to set up conference call interviews with staff, consumers and stakeholders. Up to 2 reviewers will be assigned to conduct an onsite review. I understand that travel related expenses will be reimbursed by my organization for up to 2 individuals.
- At the completion of the review process, the following determinations are possible: 1) Accreditation (five years); 2) Provisional Accreditation (one year), pending compliance with recommended revisions and changes; and 3) Accreditation Denied.
- I understand that I will receive a determination of approval status within 120 days of the receipt of the electronic files, pending no delays in the process. If
- Approval is granted, the organization will have the right to display the Accreditation Logo on its website and on other promotional materials. All data will be kept strictly confidential.
- The signature below indicates that the institution has met the eligibility requirements and is committed to the accreditation process described.

Print Name	
Signature	
Date	

**Payment Information**

Check enclosed made payable to AER for \$ \_\_\_\_\_ USD  
 Please charge \$ \_\_\_\_\_ USD on my: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover  
 Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC \_\_\_\_  
 Name on Card \_\_\_\_\_  
 Billing Address \_\_\_\_\_

**List Additional Programs:**

