Sample 2022 Application

Standard 1: Team Composition

Team ID

If you do not know your team ID, email teams@acpa-cpf.org.

00001

Application Type

Be sure to enter the correct application type your team is applying for: Cleft Palate Team, Craniofacial Team, or both (Cross-Specialty Team).

1. Team Listing Information

Upon approval, the information provided will be used for the formal team listing on the ACPA website.

Full Team Name

Team ACPA

Team Address

Institution/Practice Name	American Cleft Palate-Craniofacial Association
Street	1504 E Franklin St Ste 102
Suite, Unit, etc.	Ste 102
City	Chapel Hill
State/Province	NC
Zip/Postal Code	27514
Country	US
Primary Email	teams@acpa-cpf.org
Primary Phone Number	919.933.9044
Primary Fax Number	919.933.9604

Team Website

acpa-cpf.org

Patient Age Range From

0

Patient Age Range To

99

Lead Team Members

2. Team Coordinator(s)

The team includes a designated patient care coordinator to facilitate the function and efficiency of the team, ensure the provision of coordinated care for patients and families/caregivers and assist them in understanding, coordinating and implementing treatment plans.

Scroll to the right to complete all required information.

	Full Name	Designation (i.e. MD, DMD, RN, PhD)	Specialty	Email
1.	Erin Brenneman	N/A	Coordinator/Administrator	teams@acpa-cpf.org
2.				
3.				
4.				
5.				

3. Describe the specific roles and responsibilities of the team coordinator(s) and how they ensure coordinated care. If there is more than one coordinator, please describe the roles and responsibilities of each.

The roles and responsibilities of the team coordinator should include how they interact with patients/families and members of the team.

4. Team Leader/Director

Scroll to the right to complete all required information.

	Full Name	Designation (i.e. MD, DMD, RN, PhD)	Specialty	Email
1.	William Davis	MD	Oral/Maxillofacial Surgery	teams@acpa-cpf.org
2.	Joe Schmidt	MD	Craniofacial Plastic Surgery	teams@acpa-cpf.org
3.				
4.				
5.				

5. Craniofacial Team Lead (must be trained in transcranial surgery)

The team must include a surgeon trained in transcranial cranio-maxillofacial surgery.

Full Name	Joe Schmidt
Designation (i.e. MD, FACS)	MD
Specialty	Craniofacial Plastic Surgery
Email	teams@acpa-cpf.org

6. Describe the background/educational and training qualifications of the team's craniofacial surgeon.

Example: Mark Johnson received xx training at ABC Hospital and xx training at XYZ Medical Center.

Include the type of training and institution.

7. Core Team Members

The team must include speech-language pathology, surgical, and orthodontic specialties.

Surgery

- ***Scroll to the right to complete all information.***
- ***Check "Add Next Member" to add another name to the roster.***
- ***The maximum number of roster listings is 10.***

	Full Name	Designation (i.e. MD, DMD)	Specialty	Email	Add Next Member
1.	William Davis	DMD, MD	Oral/Maxillofacial Surgery	teams@acpa-cpf.org	✔
2.	Lisa	Lewis	Plastic Surgery		✖
3.					✖
4.					✖
5.					✖
6.					✖
7.					✖
8.					✖
9.					✖
10.					✖

Speech-Language Pathology

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. PhD, CCC-SLP)	Specialty	Email	Add Next Member
1.	Jane Doe	CCC-SLP	Speech-Language Pathology	teams@acpa-cpf.org	✖
2.					✖
3.					✖
4.					✖
5.					✖

Orthodontics

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. DMD)	Specialty	Email	Add Next Member
1.	John Smith	DMD	Orthodontics	teams@acpa-cpf.org	✖
2.					✖
3.					✖
4.					✖
5.					✖

8. Team Members and Referrals

The team must demonstrate access to professionals in the disciplines of <u>psychology, social work, audiology, genetics, dentistry, otolaryngology, and pediatrics/primary care</u>.

Craniofacial/Cross-Specialty teams must also demonstrate access to professionals in the disciplines of <u>neurosurgery, ophthalmology, and radiology.</u>

Indicate whether each individual is a **regular team member** or **referral**.

If the team does not have a specified individual it refers to, providing the name of a department/center is acceptable.

Psychology

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. PhD, PsyD)	Specialty	Affiliation	Email	Add Next Member
1.	Megan Martin	PhD	Psychology	Regular Team Member	teams@acpa-cpf.org	✖
2.						✖
3.						✖
4.						✖
5.						✖

Social Work

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. LCSW)	Specialty	Affiliation	Email	Add Next Member
1.	Ann Thompson	LCSW	Social Work	Referral	N/A	✖
2.						✖
3.						✖
4.						✖
5.						✖

Audiology

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. AuD)	Specialty	Affiliation	Email	Add Next Member
1.	Susan Lee	AuD	Audiology	Regular Team Member	teams@acpa-cpf.org	✖
2.						✖
3.						✖
4.						✖
5.						✖

Genetics

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Member
1.	Sarah Clark	MD	Genetics	Regular Team Member	teams@acpa-cpf.org	✖
2.						✖
3.						✖
4.						✖
5.						✖

Dentistry

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. DDS)	Specialty	Affiliation	Email	dent Add Next Member
1.	Matt Johnson	DDS	Pediatric Dentistry	Referral	N/A	✖
2.						✖
3.						✖
4.						✖
5.						✖

Otolaryngology

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Member
1.	Tom Jones	MD	Otolaryngology	Regular Team Member	teams@acpa-cpf.org	✖
2.						✖
3.						✖
4.						✖
5.						✖

Pediatrics/Primary Care

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 5.*

	Full Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Member
1.	Rachel Rogers	MD	Pediatrics	Referral	teams@acpa-cpf.org	✖
2.						✖
3.						✖
4.						✖
5.						✖

Neurosurgery

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 3.*

	Full Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Member
1.	Rob Roberts	MD	Neurosurgery	Regular Team Member	teams@acpa-cpf.org	✖
2.						✖
3.						✖

Ophthalmology

- *Scroll to the right to complete all information.*
- *Check "**Add Next Member**" to add another name to the roster.*
- *The maximum number of roster listings is 3.*

	Full Name	Designation (i.e. MD)	Specialty	Affiliation	Email	Add Next Member
1.	Jack Miller	MD	Ophthalmology	Referral	N/A	✖
2.						✖
3.						✖

Radiology

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of roster listings is 3.*

	Full Name	Designation (i.e. RT)	Specialty	Affiliation	Email	Add Next Member
1.	ACPA Radiology Center	RT	Radiology	Referral	teams@acpa-cpf.org	✖
2.						✖
3.						✖

Additional Team Members

Add any other regular team members that are not already listed.

- *Scroll to the right to complete all information.*
- *Check "Add Next Member" to add another name to the roster.*
- *The maximum number of listings is 25.*

	Full Name	Designation (i.e. MD, RN)	Specialty	Email	Add Next Member
1.	Michael Wilson	DMD	Prosthodontics/ Prosthetics	teams@acpa-cpf.org	✖
2.	Mary Williams	OT	Occupational Therapy	N/A	✖
3.	Allison Meyers	RN	Nursing		✖
4.	Emily Larson	BSN, RN	Nursing		✖
5.					✖

Standard 2: Team Management and Responsibilities

The team has a mechanism for regular meetings among core team members to provide coordination and collaboration on patient care.

Team or patient evaluation is the patient-facing component of the team's process, in which patients receive face-to-face evaluation by the disciplines represented on the team.

9. Does the patient have the opportunity to receive same-day face-to-face evaluation by all core team members (speech-language pathologist, surgeon, and orthodontist)?

No

Explain how the results of each patient evaluation are integrated into team decision making

If face to face evaluations by all team members do not occur on the same day, the team must indicate how they ensure that the patient receives the necessary evaluations within a close enough time frame that it is clear that the patient is being evaluated at the same stage.

Example: The coordinator assigns appointments for the patient for the SLP, surgery and orthodontia within the same 30 day period, and does a phone assessment if appointments for any other team specialists are indicated.

10. Describe the logistics for how patients are seen by each specialist. (For example, patients rotate to each specialist on the same day.)

Example: From birth to age 8, all patients receive a full team evaluation yearly. Patients rotate within the clinic to be seen by Surgery, SLP, ENT, Audiology, and Orthodontia/pediatric dental. After all patients are seen, the team meets to discuss each patient and reach a team multidisciplinary recommendation. After age 8, intervals of full team evaluation are determined by need and diagnosis. Patients also see individual specialists as needed.

Team meetings refer to meetings among multidisciplinary team members in which patient findings are discussed and team recommendations are made. At a minimum, team meetings must include the speech-language pathologist, surgeon, and orthodontist.

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11. Are team meetings held the same day as the patient evaluation?

No

What is the typical interval between the patient evaluation and team meeting?

The interval should be within a reasonable time frame (i.e. days not weeks).

How does the team ensure that patient information is not forgotten or missed between the patient evaluation and the team meeting?

Example: The team coordinator emails the list of patients to be discussed 2 days prior to the team meeting. Each participant has access to their notes via the EMR and is responsible for referring to those notes during the team meeting when giving their report. The team meeting report is then sent to all participants, who are responsible for reviewing the report and attesting that they agree with the content.

12. In what format are team meetings held?

Not in real time

Explain how the team ensures all patients are discussed collaboratively among at minimum the core team members (speech-language pathologist, surgeon, and orthodontist).

The team must justify how its method ensures that there is dialog among those specialties. Simple reporting of findings/recommendations individually through a central chart or through a coordinator is not compliant.

At a minimum, the core team members should discuss each patient and formulate a multidisciplinary treatment plan.

13. Describe the procedure used by the team to ensure comprehensive, interdisciplinary treatment planning if one or more of the core team members (surgeon, speech-language pathologist, orthodontist) cannot attend a <u>team meeting</u> that ensures comprehensive, interdisciplinary treatment planning. (For example, are recommendations communicated by another person?)

Example: Does someone substitute in this provider's place? Is the meeting rescheduled?

14. Describe how the results of the team meeting for each individual patient are recorded and become a part of the patient's team report.

The results of the team meeting should be used to generate a team report. A compliant report will include the diagnoses, findings and recommendations of each practitioner who examined the patient, and an overall team consensus recommendation, and the dates of the patient evaluation and the report. It should be a single document, not a compilation of individual progress notes. It should be clear who is generating the report.

Who is responsible for recording information from the meeting? Where does this information get recorded?

Example: During the team meeting, each patient's findings are discussed by the pertinent specialist, and then the entire team discusses and agrees on recommendations. Notes are taken by the team coordinator. A team report is authored by the team leader. The report is an EMR template that includes each specialist findings as imported from the individual reports in the EMR, and recommendations generated after team discussion. The report is saved as a multidisciplinary team report in the EMR. The coordinator is responsible to provide the report to the family and the Primary Care Provider.

15. Upload one patient team report that is typical for a periodic routine follow up or new patient assessment in your program.

If the team is applying as a cleft palate team, choose a cleft related diagnosis. If the team is applying as a craniofacial or cross-specialty team, include a craniofacial diagnosis.

The report MUST include, at a minimum, participation of the SLP, surgeon, and orthodontist. If the team is a craniofacial or cross-specialty team, the report must also document the participation of the transcranial surgeon.

While it may be medically appropriate that a patient did not see all of these specialties in a specific visit, please do not choose such a report for submission. Choose a report that meets all criteria.

To be compliant, the document must include:

(Check every box to ensure the document meets each requirement.)

Responses Selected:

The condition being treated, specialties involved, and year of the evaluation. Redact the month and day of evaluation.

The findings for each specialty evaluation and specific team recommendations.

The year of team meeting that generated the report and the individuals (with specialty) who participated in the team meeting.

The person who has generated the team report.

Participation from the core specialties (surgery, SLP, orthodontics).

CST/CFT Only: Participation from the transcranial surgeon.

Before uploading the file, be sure to omit all patient identifying information.

The team has a mechanism for referral to and communication with other professionals.

16. Describe the process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient. This includes sharing team findings as well as the request for information from external entities.

Describe the process for information exchange (i.e. referrals) for outside institutions, not internal team members. Be sure to comment on both communicating with AND receiving information from other entities.

Example: At the time of team evaluation, consent for release of records is obtained, and the family may indicate recipients for the team evaluation. If the team meeting reveals a need for records request, the coordinator contacts the appropriate provider/organization, provides the signed release, and obtains the record, which is scanned into the EMR. Families are provided with a copy of each team report, which they are encouraged to share with other specialists and agencies as needed; additionally, the team report is sent electronically to the patient's PCP if one is designated in the EMR.

17. Upload a copy of the Release of Information Form used by the team. This form should be blank. Limit the attachment to two pages.

18. Describe how the team facilitates the transition from pediatric to adult care. Are patients referred elsewhere? Do patients/families receive information/resources?

For example, does the team assist the patient in finding an adult primary care provider?

Are patients referred elsewhere? Do patients/families receive information/resources?

Example: At age 12, planning for transition for adult care begins with discussion with family. At appropriate ages, families are provided with recommendations for providers for adult primary care and adult dental care. Our surgical, orthodontic, SLP and ENT providers provide adult care as well. Resources for special needs patients are suggested. Patients are transitioned out of team care by age 21, however team resources remain available as needed.

The team re-evaluates patients based on team recommendations.

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19. Describe the protocol for how the team evaluates a patient with cleft lip/palate over time. Include at minimum the core team members and at which time points they evaluate patients with cleft lip/palate. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

Include at minimum the core team members and at which time points they evaluate patients with cleft lip/palate. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

Example: Patients with CL/P are evaluated by the full team yearly till bone graft, then at minimum every 2 years, or more frequently if needed, until completion of treatment.

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20. Describe the protocol for how the team evaluates a patient with a craniofacial diagnosis over time. Include at minimum the core team members and craniofacial surgeon and at which time points they evaluate patients with a craniofacial diagnosis. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

Include at minimum the core team members and craniofacial surgeon and at which time points they evaluate patients with a craniofacial diagnosis. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

The team must have central and shared records.

21. Does the team use a standardized electronic medical record for storage of notes and reports?

No

Describe the mechanisms for record-keeping (e.g., where housed and maintained, access to records, etc.)

The team should have a mechanism for keeping records that all team members have access to.

22. Describe how recommendations become part of the patient record when patients are evaluated outside of the team setting.

Example: The team requests a copy of the report from relevant evaluations conducted outside of the team setting. This report is scanned into the patient's medical record, and relevant findings and recommendations are included in the patient abstracts drafted for team providers ahead of each team clinic and are summarized in the patient's next team report.

Standard 3: Patient and Family/Caregiver Communication

The team provides appropriate information to the patient and family/caregiver about evaluation and treatment procedures orally and in writing.

23. Who is responsible for providing information about patient evaluation and the recommended treatments to families and patients? How is the information communicated to them <u>both orally and in writing</u>?

Indicate the individual who is responsible for providing information. Include how information is provided both orally and in writing.

The team encourages patient and family/caregiver participation in the treatment process.

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24. Describe how the family/caregivers' beliefs, values, and preferences are incorporated into the decision-making process for the treatment plan.

The team should indicate how the family/caregiver is involved in decision-making. Provide examples.

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25. Describe how the patient is involved at the age appropriate manner in the decision-making process and assent for treatment.

The team should indicate how the patient is involved in decision-making. Provide examples.

The team will assist families/caregivers in locating resources for financial assistance necessary to meet the needs of each patient.

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26. Describe the process for informing families/caregivers of financial and insurance-related resources. These might include federal, state, and provincial regulations specifically governing the treatment of cleft/craniofacial anomalies. (e.g., insurance, state agencies, Public Law 94-142, 504s, and individualized educational plans).

Provide examples of financial resources provided to families.

Standard 4: Cultural Competence

The team demonstrates sensitivity to individual differences that affect the dynamic relationship between the team and the patient and family/caregiver.

27. How does the team communicate with patients and families for whom the team's language is not their primary language? Does the team use interpreters or translated materials?

Indicate how the team communicates both orally and in writing.

28. How does the team ensure that it is sensitive to ethnic and cultural diversity? Describe any training, education, or interventions that are used beyond having bilingual staff. Trainings required by the team's institution as well as education provided within the team are acceptable to include.

For example, this may be an annual mandatory institutional cultural sensitivity and diversity training.

The team treats patients and families/caregivers in a non-discriminatory manner.

29. How does the team inform patients and families/caregivers of their rights (e.g., patient bill of rights, Web site, institutional literature, etc.)?

Are they provided materials, referred to the website, etc?

30. Provide a link to or attach a copy of the Patient's Bill of Rights. A privacy policy does not qualify.

The Patient's Bill of Rights should include the name of the institution/practice/team. Limit attachment to three pages.

Please denote how you will attach the Patient's Bill of Rights

Link to website

Please attach the complete web address

If selected, add link to the team/institution's Patient's Bill of Rights webpage.

Standard 5: Psychological and Social Services

The team has a mechanism to initially and periodically assess and treat, as appropriate, the psychological and social needs of patients and families/caregivers and to refer for further treatment, as necessary.

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31. Which team member(s) is/are responsible for identifying and referring patients and families/caregivers who may be in need of further evaluation and treatment for emotional or behavioral issues? What is the process used by the team to identify these issues?

The team should indicate which team member is responsible for identifying emotional or behavioral issues and their qualifications. Include any screening tools used to identify and refer patients and families/ caregivers in need of further evaluation and treatment. A statement that all team members may identify and recommend evaluation for psychosocial issues is not sufficient. There should be an identified individual who screens for this in a regular and systematic manner.

Example: The team's psychologist meets with patients and families as part of each team evaluation and performs a brief psychosocial interview to screen for concerns.

32. Does a mental health provider listed as a regular team member evaluate/treat emotional/behavioral issues?

No

Whom does the team refer patients and families/caregivers to for further evaluation and treatment of emotional or behavioral issues? Include the individual's qualifications.

This individual should be listed in the Standard 1 task as a Referral.

The team has a mechanism to assess cognitive development.

33. Which team member(s) is/are responsible for identifying and referring patients and families/caregivers who may be in need of further evaluation and treatment for ognitive development issues (e.g., learning disabilities)? What is the process used by the team to identify these issues?

The team should indicate which team member is responsible for identifying cognitive development issues and their qualifications. Include any screening tools used to identify and refer patients and families/caregivers in need of further evaluation and treatment. A statement that all team members may identify and recommend evaluation for cognitive issues is not sufficient. There should be an identified individual who screens for this in a regular and systematic manner.

The team should indicate which team member is responsible for identifying cognitive development issues and their qualifications. Include any screening tools used to identify and refer patients and families/caregivers in need of further evaluation and treatment. A statement that all team members may identify and recommend evaluation for cognitive issues is not sufficient. There should be an identified individual who screens for this in a regular and systematic manner.

Example: The nurse collects the educational history, and the SLP and pediatrician screen for developmental issues. The coordinator is responsible for followup of recommendations for Child Study team, Early Intervention, or Developmental Pediatrics evaluations.

34. Does a mental health provider listed as a regular team member evaluate/treat cognitive development issues?

No

Whom does the team refer patients and families/caregivers to for further evaluation and treatment of cognitive development issues? Include the individual's qualifications.

Limit response to 500 words.

This individual should be listed in the Standard 1 task as a Referral.

36. Describe how patients with cognitive development issues are monitored over time so that appropriate educational services are in place from infancy through adolescence. If monitoring is done by an outside service (e.g. school system), explain how the team ensures that the patients' needs are met.

Include time markers in the response. If monitoring is done by an outside service, the information should become part of the patient's record. If the school system provides this service, explain how the team ensures that the evaluations are performed and/or treatment is delivered.

Standard 6: Outcomes Assessment

The team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations

37. It is required that the team set up a process to self-monitor its effectiveness and ensure continual improvement of outcomes. Team meetings alone do not meet the standard. Does the team (NOT individual practitioners) have a formal process to routinely evaluate its effectiveness/outcomes?

Yes

38. Please describe the process. If there is no team process, describe the plans for implementing one and include a timeline for implementation within 12 months.

The process described should be specific to the team as a whole and not the institution or individual team members. Examples include regular, systematic assessment of patient satisfaction scores, team process improvement projects and meetings, regular and systematic review of patient reported outcomes.

39. Describe an example of how the team has collected and used data to change team processes (e.g., modify surgical treatment, change referral criteria). This example may be result of the process outline in Question 39 or related to a different process used by the team.

This example can include a published study such as a manuscript or submitted abstract.

The response should describe how the potential improvement is identified, how the intervention is planned, and how the result is assessed. Who participates? How is the entire team kept informed?

Optionally, attach documentation (e.g. published manuscript, progress report, presentation) supporting the example described above.

Limit the attachment to five pages.

40. Describe the team's quality management system for patient/family satisfaction, including an example of how this information improved patient / family satisfaction with the team or team process (e.g., improving patient/family experiences in clinic, communication with patients/families between visits, etc.).

For example, patient/families surveys conducted by the team or report of a PI project/narrative description of a project.

Digital Signature from Team Leader/Director

If the primary user of the application is not the team leader, the team leader will need to be added as a collaborator to sign this form.
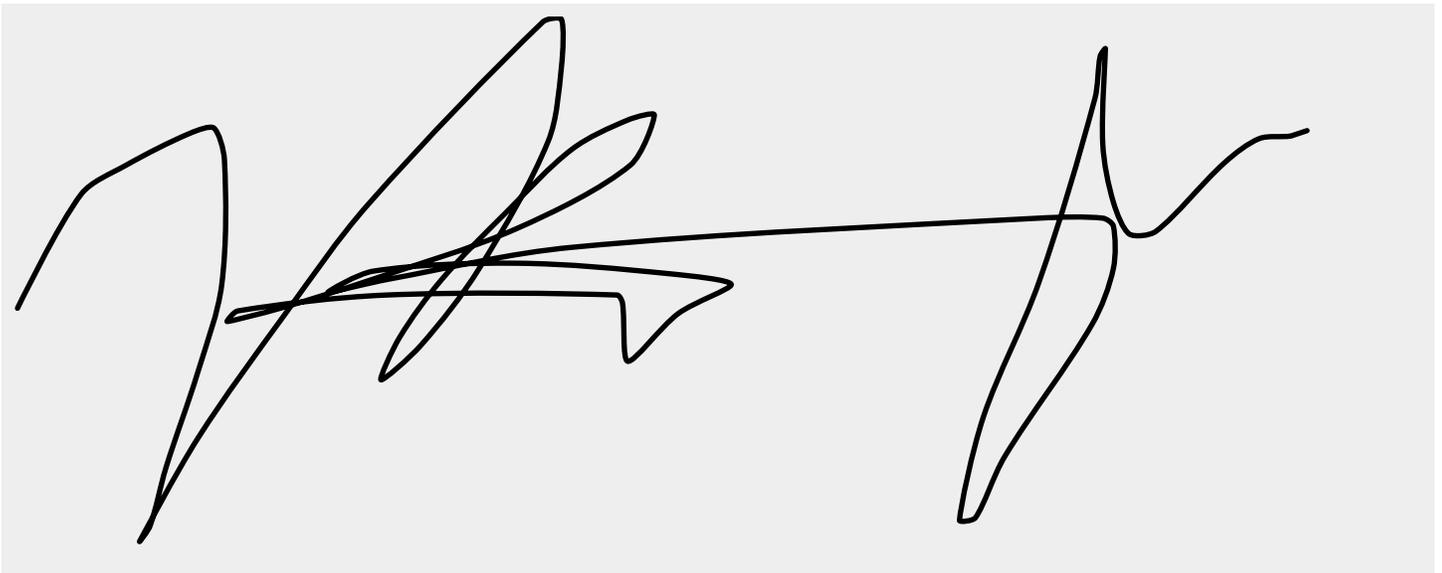
To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

ACPA Team Approval Application Agreement

I affirm that I have read this application in its entirety and confirm the accuracy of all of the information contained within this application. I affirm that **patient identifying information has been omitted from all attachments**, that our Team abides by all of the information provided herein, and that all patients receiving care from this Team are managed either by an appropriate Team member, so identified in this application, or with full knowledge of the person evaluating or treating patients if referred to a professional person not specifically identified by name and profession within this application.

Signature of Team Leader

Use the cursor to draw your signature.

Printed Name

Team Leader

Signature of Authorized Institutional Officer

In order for the AIO to digitally sign the form, they will need to be added as a collaborator. To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

Alternatively, you may choose to upload the AIO signature by clicking Upload Form. If you choose this option, the AIO must sign the linked form within the upload option. Uploads that do not include a form and signature will be considered incomplete.

Signature of Authorized Institutional Officer

The administrative organization* named below seeks ACPA Team Approval of its Cleft Palate, Craniofacial or Cross-Specialty Team and hereby applies for an evaluation of this team.

The sponsoring organization agrees to cooperate fully in the evaluation procedures, including furnishing such written information to the American Cleft Palate-Craniofacial Association (ACPA) as shall be required for evaluation of the team.

The sponsoring organization further agrees to submit ACPA's **Team Self-Auditing Report** annually and agrees to pay the annual fee for submission. This report is required each year to remain an ACPA Approved Team.

This application may be withdrawn by the team without prejudice at any time and for any reason before a final decision.

The administrative policies of the sponsoring organization and the team must comply with federal, state, provincial, and local laws, regulations, or executive orders with respect to equitable treatment of patients without regard to gender, sexual orientation, age, race, religious preference, national origin, or disabling condition.

By completing this form, I confirm that I qualify as the Authorized Institutional Officer (AIO)** of the sponsoring organization and therefore hold fiduciary responsibility for the institution/practice.

*The administrative organization may be a hospital, university, corporation, or self-sponsored private practice group.

**The purpose of this requirement is to document that someone with fiduciary responsibility for the institution/practice acknowledges and supports the operation of the team at its facility. This would typically be the chief executive officer, the chief medical officer, the dean of the medical school or college, or the owner of the practice in which the team operates. For this purpose, a department chair is not the appropriate person.

Please note your preference for completing the Signature of Authorized Institutional Officer

Use the cursor to draw your signature.

Electronic Signature

Administrative or Sponsoring Organization*

Institution/Organization Name	ACPA
Address	1504 E Franklin St STe 102
City	Chapel Hill
State/Province	NC
Postal Code	27514
Country	United States

Authorized Institutional Officer (AIO)**

Name	John Jacobs
Job Title	CEO
Phone	919.933.9044
Email	info@acpa-cpf.org

AIO Signature**