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**Application for Voluntary Accreditation Program**

**for Local Public Health Agencies**

Please send this application to the MICH office at [support@michweb.org](mailto:support@michweb.org). Once the application has been received and approved, MICH staff will send you access to a unique DropBox folder where you will submit accreditation documentation.

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| **Date** |  |
| **Agency Name** |  |
| **Mailing Address** |  |
| **Phone number** |  |
| **Administrator/Director** |  |
| **Accreditation Coordinator** |  |
| **Email** |  |
| **Chair of Governing Body** |  |
| **Number of Staff** |  |

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| **Agency’s mission statement:** |
| **Describe the geographic area the agency serves:** |
| **What is the size of population served:** |
| **Are there any special demographic groups or special needs population in your service area? (Select all that apply)**  Elderly  Immigrants  other:  Spanish-Speaking  Agriculture  Disabled  uninsured/low income |
| **Please provide the name and the full address of any health department satellite facilities** |
| **Describe the type of governance for your agency (Select one)**  Elected Board of Trustees  City/County Commission  Other: |

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| **What are the three leading issues identified by the most recent community health assessment process?** |
| **Identify up to 3 collaborative groups, of which your agency is a member, that are effectively working to address community health issues and work with your agency on your community health improvement plan.** |
| **What do you consider the primary strengths of your agency?** |
| **Identify any effective practices (e.g., documentation methods, programs, policies, procedures) that support your strengths** |
| **Describe your agency’s major challenges?** |
| **What methods do you use to evaluate your programs? (Select all that apply)**  Questionnaires or surveys  Pre and posttests  Face-to-face interviews  Focus groups  Telephone interviews  Cost analysis (cost benefit, cost effective)  Client satisfaction  Pilot studies  Direct observation  Non-randomized designs  Abstraction of medical records  Experimental research designs  Data collection relevant to program goals  Other: |
| **Prerequisites Required and submitted once the DropBox file structure has been sent to Agency by MICH:**  The Administrator assures the agency Board has approved and adopted within the past 5 years the following:  Community Health Assessment (CHA)  Community Health Improvement Plan (CHIP)  Agency Strategic Plan  Agency Quality Improvement Plan  If the LPHA does not have a CHA, CHIP, a strategic plan, and a quality improvement plan, the LPHA will need to dedicate its time and resources toward their development before they apply for accreditation. Also, before applying for accreditation, the health department should have completed or substantially completed an emergency operations plan, a communications plan and a workforce development plan. A performance management policy/system should also be in place. These documents and systems require significant time to complete. If they are not in place or near completion the health department will need to take the time to develop them before applying for accreditation. |