

Connect™ / E-App

Electronic Application Certification/Verification

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Programs

Maternal Levels of Care Verification

Are you seeking verification for Maternal Levels of Care services?

☐ Yes ☐ No

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Eligibility

Maternal Levels of Care Verification

Eligibility

Please read the following information and attest to your understanding

Any perinatal care program may apply for Joint Commission Maternal Levels of Care Verification under the standards in this manual if the following requirements are met:

The perinatal care program must be in the United States, operated by the US government, or operated under a charter of the US Congress.

The perinatal program must be part of an organization that is compliant with applicable federal laws, including Medicare Conditions of Participation.

Verification is awarded at a site level. Organizations with multiple sites under the same health care organization (HCO) number may choose to apply for verification for each individual site or only selected sites. For an individual site to be verified, that site must be able to independently meet all standards and requirements for the Maternal Levels of Care Verification program.

The perinatal care program must have served a minimum of 10 patients at the time of its Joint Commission verification review.

The perinatal care program uses a standardized method of delivering clinical care based on current clinical practice guidelines and/or evidence-based practice.

Attestation

I have read and understand the requirements for the following review type:

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Initial Review

Initial Review

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Site Information

Site Summary

The following certification/verification program(s) were selected for this organization

Search Site(s) by: ☐ Name ☐ DBA ☐ City ☐ State

Sites

☐ Display only sites with Certification/Verification programs

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Site Information

Site Details

This site is requesting Certification/Verification for one or more certification program

☐ Yes ☐ No

Select the description(s) that are appropriate for this site

Site Name (Legal Business Name)

[View an example of the Site Certification certificate](#)

Doing Business As

[View an example of the Site Certification certificate with DBA](#)

☐ Include DBA on Certificate

Site Street Address

Street Address Line 2

Country

Zip/Postal
Code

City

State

Enter Additional Clinic/Practice Name(s) (For ordering Certificates/Quality Check)

+ADD

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Site Information

Maternal Levels of Care Verification

Level of Care

Indicate the level of care you wish to obtain

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4

Units/Beds

Please enter ADC and # of beds as applicable, otherwise leave these sections blank. Level 3 and Level 4 must enter volume in Adult ICU.

Unit

- Antepartum
- Postpartum
- Triage
- Obstetrics Only Emergency Department
- Labor and Delivery
- Adult ICU
- that accepts pregnant and postpartum patients

Program/Volume

Maternal Care	# of patients served in the last 12 months
Outpatient	<div></div>
Triaged to outpatient and discharged home	
On-site Maternal Fetal Medicine Clinic	<div></div>
Leave blank if not provided. Level 4 must enter volume.	
# of live births in the last 12 months	
Live Births	<div></div>

Operating Rooms

of Operating Rooms in the Obstetrics Unit

If zero, please indicate where cesarean sections are performed

of Operating Rooms Available to Obstetrics Patients

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Review Details

Avoid Dates

I wish to provide avoid dates for at least one certification/verification program

☐ Yes ☐ No

Select the calendar icon for the program you wish to indicate avoid dates for

Avoid Date Summary

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Review Details

Accreditation

Is your hospital currently accredited by The Joint Commission?

☐ Yes ☐ No

Review Details

Conflict of Interest

Enter if applicable

Due to a conflict of interest or complaint, avoid using the following surveyor(s)

Conflict of interest through prior employment at this organization or a competitor of this organization[+ADD](#)

Name of Surveyor

Name Of Organization

No records to display.

Conflict of interest through prior consultation work at this organization[+ADD](#)

Name of Surveyor

Date of Consultation

No records to display.

Conflict of interest through prior unsatisfactory experience or conflict with this surveyor at this organization.

(Please note, The Joint Commission will consider conflicts but cannot guarantee all requests will be honored)

[+ADD](#)

Name of Surveyor

Name Of Organization

Date of Survey

No records to display.

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Review Details

Employer ID

Employer ID number(s) have been assigned to this organization

☒ Yes ☐ No

Enter your Tax ID Number

example 12-1234567

+ADD

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Review Details

Report To Site

Recalculate

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Review Details

Observers

Select at least one:

The Joint Commission reserves the right to add observers to any survey or review. To the extent possible, requests regarding observers will be honored. Please note that certain Joint Commission staff (i.e. Field Directors, newly hired surveyors) are not classified as observers. These staff may be present to evaluate surveyor performance and/or the survey process, regardless of the selection made below.

- ☐ We prefer not to have observers assigned to our survey/review.
- ☐ We would accept a Joint Commission employee as an observer.
- ☐ We would accept a Joint Commission board member as an observer.

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Review Details

Travel Instructions

The surveyor(s) should be aware of the following security issues

Travel/Airport/Parking Instructions

Assembly Point When Surveyor(s) Arrive

Recommended Hotel Accommodations

Comments(i.e. cultural dress, etc.)

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Review Details

For each day of the week enter your posted hours of operation.

Search Site(s) by: ☐ Name ☐ DBA ☐ City ☐ State

Search

Reset

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Review Details

Hours of Operation - Maternal Levels Of Care Verification

For each day of the week enter your posted hours of operation.

Search Site(s) by: ☐ Name ☐ DBA ☐ City ☐ State

Search

Reset

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Applicable Manuals

Based upon the information provided by your organization, you will be surveyed under the following manual(s)

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Summary

Organization Summary

Until all prior tabs are successfully completed information is not generated for Tab 8.

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Summary

Site Summary

✔ = Report to site for the Program

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Submission

Agreement

Application for Certification/Verification

The undersigned makes request to the Joint Commission for a certification/verification review of the Applicant Organization named below, on the Certification and/or Verification Contract set forth herein.

Prohibition on the Use of Reviewers as Consultants

The Applicant Organization agrees that among the Joint Commission policies that it will adhere to is the prohibition on the use of surveyors as consultants.

The Applicant Organization specifically acknowledges that it is not permitted to use Joint Commission full-time, part-time, or intermittent reviewers to provide certification-related consulting services. Examples of such services include the following:

Helping an organization to meet Joint Commission standards or conducting mock surveys for an organization.

Signature

Account Executive

Enter Name and Title

This application was submitted on behalf of

Last, First Name

Title

Submit Application