

Quality Provider of the Center for Positive Aging Registration Form

Quality Provider Criteria

- Be a mission-driven organization with a focus on quality, person-centered care & services
- Be licensed as required by state law
- Have a good reputation in the community
- Have a good record of performance in licensing inspections, state surveys, etc.
- Agree with and sign the attached Quality Pledge
- Have stable leadership/ownership/management that is resident-focused and develops staff for proficiency and excellence
- Agree to refer consumers to other Quality Providers as appropriate
- Agree to support the programs and objectives of the Center
- Agree to communicate appropriately with the Center as requested

____ YES, I agree that our organization meets the criteria to be a QUALITY PROVIDER of the Center for Positive Aging.

Organization Name: _____

Main Contact Name: _____

Full Address: _____

Email Address: _____

Phone # _____ Fax # _____

Web site: _____

Please complete this page along with the Quality pledge and FAX to the Center at 404-872-1737. You may mail your completed invoice and send check to:

Center for Positive Aging
607 Peachtree St. N.E.
Atlanta, GA 30308