|  |  |  |  |
| --- | --- | --- | --- |
| Accreditation Expiration: | |  | |
| **Date Due** | **Completed** | **Item** | **Notes** |
|  |  | Update PARS to include all activities that have or will occur during your current accreditation period |  |
|  |  | Send preferred survey dates/times |  |
|  |  | Send self-study report |  |
|  |  | Send files for activities chosen |  |
|  |  | Send re-accreditation fee |  |
|  |  | Survey |  |
|  |  | Complete NMA evaluation form |  |
| ***\* Additional information and requirements can be found in your provider toolkit specifically the ‘Guide to Reaccreditation Process’ tab.\**** | | | |
|  | | | |
| Progress Report Due: | | Yes  No | |
|  |  | Send progress report |  |
| ***\* Additional information and requirements can be found in your provider toolkit behind the ‘Progress Report’ tab.\**** | | | |