|  |  |
| --- | --- |
| 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.\**** |