



DME/HHA QUALITY RESPIRATORY CARE RECOGNITION

American Association for Respiratory Care • 9425 N. MacArthur Blvd., Suite 100 • Irving, Texas 75063

Please use this form to register your DME/HHA as a Quality Respiratory Care Provider.

Organization Name _____

Name of the Organization CEO _____

Address _____

City _____ State _____ Zip _____

E-mail (for general public) _____

Web site URL _____

Contact for information about respiratory services *(to be listed on our website)*

Name _____

Title _____

Telephone _____

E-mail _____

Address *(if different from above)* _____

City _____ State _____ Zip _____

ATTESTATION

Must be signed by CEO or COO

I attest that this organization adheres to the following respiratory care standards:

- All respiratory therapists employed by the DME/Home Health Agency to deliver home respiratory therapy services are either legally recognized by the state as competent to provide respiratory therapy services or hold the CRT or RRT credential.
- Respiratory therapists are available to patients 24 hours every day.
- Other personnel qualified to perform specific respiratory therapy procedures, and the amount of supervision required for them to perform these specific procedures, must be designated in writing.
- The DME/Home Health Agency must be accredited by a nationally recognized, third party accreditation organization.

I will notify the AACRC in writing when any of these standards cannot be upheld.

Signature _____ Date _____

Title _____