**PHAB APPLICATION FOR EXTENSION DURING PANDEMIC**

**(Approved December 2020/Revised March 2022)**

This form must be used if you are requesting an extension of more than 90 days.[[1]](#endnote-2)

|  |  |
| --- | --- |
| HEALTH DEPARTMENT NAME |  |
| HEALTH DEPARTMENT STATE |  |
| HEALTH DEPARTMENT DIRECTOR’S NAME AND JOB TITLE |  |
| HEALTH DEPARTMENT DIRECTOR’S EMAIL AND PHONE NUMBER |  |
| Current e-PHAB process status (check one)  *Please ask your AS if you are not sure which status is correct.* | **Candidate-IP**  *(Requesting extension for Doc Submission due date)*  **SVT Reopened**  *(requesting extension for responding to pre-site visit questions or requests for additional documentation)*  **Build ACAR**  *(Requesting extension for submission of ACAR due date)*  **ReApp\_Invite or ReApp\_IP**  *(Requesting Extension for submitting application for reaccreditation)*  **ReDoc-IP**  *(Requesting extension for Reaccreditation Doc Submission due date)*  **ReDoc - Reopened**  *(requesting extension for responding to pre-site visit questions or requests for additional documentation)*  **ACAR - Build ACAR (Reaccred)**  *(Requesting extension for submission of ACAR due date)*  **Annual Report**  *(Requesting extension for due date of Annual Report Section I or II)*  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(For other statuses not listed)* |
| EXTENSION REQUEST - Number of days requested |  |
| Please very briefly describe why you are requesting an extension of this duration.  If requesting an extension for reaccreditation, you must include in your reason if you will be using Version 2022 of the Accreditation Standards and Measures. |  |
| Is this the first extension requested since July 1, 2020? (This does NOT include the 90-day extensions that were granted by PHAB to all health departments.) | **YES  NO** |

**For the Health Department Director’s review and signature**

As the department director, I have reviewed the extension application and approve the submission of this request to the Public Health Accreditation Board.

I acknowledge and understand that the health department is required to pay all invoices (including those for Annual Services Fees) by the invoice due date.

If the health department is applying for reaccreditation or is about to apply for reaccreditation and they are requesting a **cumulative extension** of more than 90 days, the health department is required to pay the extension fee that is equal to their Annual Accreditation Services fee per the posted fee schedule. This extension fee is to support their continued accreditation status and staff availability for reaccreditation preparation.

|  |  |
| --- | --- |
| Signature of Health Department Director |  |
| Date |  |

Please submit this application to your Accreditation Specialist at PHAB. If you have questions about the ongoing fees, please contact Mark Paepcke, Sr. Vice President for Finance and Business Operations at [mpaepcke@phaboard.org](mailto:mpaepcke@phaboard.org) or 703.778.4549 Ext 104.

FOR PHAB USE

|  |  |
| --- | --- |
| Application Received on (date) |  |
| Reviewed and Approved (date) |  |
| Approved by: |  |

1. The 90 days addresses the cumulative amount of time the health department is requesting an extension for a given step in the process (e.g., application, documentation submission, response to pre-site visit review, ACAR, or Annual Report). In other words, if a health department already requested and received a 60-day extension for that step in the process, and they would like to request an additional 45-day extension, the application form is required. This does NOT include the 90-day extensions that were granted to all health departments automatically [↑](#endnote-ref-2)