



**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 \_\_\_\_\_