



# APPLICATION FOR ACCREDITATION OR RE-ACCREDITATION

New

Re-accreditation

Current accreditation expiration date: \_\_\_\_\_

## I. BASIC INFORMATION

Name of Organization: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Name of Executive Director (ED)/CEO: \_\_\_\_\_

Email of ED/CEO: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number (provide non-regional/toll-free option): \_\_\_\_\_

Afterhours number: \_\_\_\_\_

1. Current Annual Budget (crisis services only): \_\_\_\_\_

2. Annual Metrics (crisis services only): \_\_\_\_\_

Call Volume: \_\_\_\_\_

Text: \_\_\_\_\_

Chat: \_\_\_\_\_

Number of Active Rescues: \_\_\_\_\_

Number of Follow-Up Outreach: \_\_\_\_\_

3. Check all major funding sources

- Community-based grants
- Corporate contributions
- Federal grants and/or contracts
- Foundation grants
- Individual donations and/or major gifts
- State directive
- SAMHSA grant and/or contract
- Other, must specify: \_\_\_\_\_  
\_\_\_\_\_

**II. SERVICES SEEKING (RE-)ACCREDITATION:**

Check all crisis services you are providing:

- Telephonic Crisis Support
- Crisis Text (OES)
- Crisis Chat/other web-based service (OES)
- Mobile Crisis
- Walk-In Center
- Peer/Warmline
- Other: \_\_\_\_\_  
\_\_\_\_\_

How many sites/services are you seeking (re)accreditation for: \_\_\_\_\_

**III. PERSONNEL INFORMATION**

Program Director's Name: \_\_\_\_\_

Credentials(s): \_\_\_\_\_

Employment Status:  Full Time  Part Time  Volunteer

Total Number of Paid Employees: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Other: \_\_\_\_\_

Total Number of Volunteers (organization wide): \_\_\_\_\_

If not a part of the 988 Suicide and Crisis network, does your organization intend to be in the future?  Yes  No

I have included:

- A copy of my organization's 990



# AGREEMENT

In submitting this Application for Accreditation to the American Association of Suicidology, we hereby agree to the following conditions related thereto:

1. We completed the Accreditation Readiness Checklist and raised any questions to the Director of Accreditation prior to submitting this application.
2. We agree to prepare and provide copies of any written material that may be requested by AAS/Director of Accreditation as a part of the evaluation process.
3. We agree to pay the fees required and to remain an AAS organizational member in good standing.
4. We agree to notify AAS/Director of Accreditation immediately whenever any change in our service may affect our accreditation status.
5. We agree to notify AAS/Director of Accreditation within 30 days of any changes to our Executive Director/CEO and other contact person, address, phone numbers, email.
- 6. We agree to submit the annual self-survey report to AAS by December 31st. AAS/Director of Accreditation will provide for completion.**

## Due upon receipt

AAS Accreditation Fees	New Accreditation(s)		Re-Accreditation(s)	
Application Fee	\$	250	\$	100
Accreditation Fee (for 1st service/site)*	\$	4,500	\$	3,600
If additional services or sites need to be accredited, a fee of \$750 for each additional service will be added	0		0	
<b>TOTAL</b>				

\*If organization/business requires an in-person site examination, costs associated for travel and lodging will be their financial responsibility in addition to the accreditation fee.

Site Visits outside the continental United States will be accommodated, although additional fees will apply.

**Annual Membership Dues:**

**Annual Budget:**

**Organization Membership Dues:**

< \$100,000

\$220

\$100,000 to \$199,999

\$270

\$200,000 to \$499,999

\$390

\$500,000 to \$749,999

\$530

\$750,000 to \$999,999

\$650

\$1,000,000+

\$800

All organizations must maintain a membership in good standing with AAS which offers trainings, education, resources, and various other benefits to help enhance the accreditation. Review member benefits: [Join today](#)



**MAKE AN  
IMPACT**

An invoice will be sent directly to the primary contact submitting the application within 24 hours of an accepted and reviewed application. Payment will be made through our secure online payment platform.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Submit completed documentation to submit to [Accreditation@suicidology.org](mailto:Accreditation@suicidology.org)

For questions contact AAS/Director of Accreditation Sam Nadler at [Snadler@suicidology.org](mailto:Snadler@suicidology.org)