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**ATTESTATION**

This attestation serves as a formal confirmation regarding the ASC Quality Collaboration Patient Safety and Quality Assessment Survey data and information for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Center) submitted on (Date of Submission date) encompassing the time period of \_\_\_\_\_\_and \_\_\_\_\_\_\_.

Please attest to all statements before signing at the bottom of the form:

\_\_\_\_**Submission complete and accurate:** I attest that the submitted data and information is accurate, reliable, and representative of the information collected during the specific time frame.

\_\_\_\_\_**Participation in random validation process**: I attest that I am aware of the random validation process utilized by the ASC Quality Collaboration, whereby a percentage of submissions are randomly selected to participate. If randomly selected, I agree to fully participate with the validation process which includes sharing of data and information, including but not limited to policies, procedures, and applicable meeting information. There are a total of 15 documents requested as part of the validation process. I acknowledge that non-participation in the validation process will result in exclusion from the ASC Patient Safety & Quality Assessment.

**\_\_\_\_**If selected to be a part of the random validation process, I understand thatthe documents I submit to the ASC QC will remain confidential and that upon completion of the validation process, the ASC QC will destroy and not retain any documents provided**.**

**\_\_\_\_I attest that the CEO/Administrator of my organization concurs with the responses provided in the survey and of this submission.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual Submitting which serves as my signature to the attestation.

Title of Individual Submitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_