



CHAP Accreditation

PN System
2950 W 84 St. Bay 7
Hialeah, FL 33018
305.818.5940
fax: 305.819.4064

Application data:

Company name: _____

Address: _____

Phone: _____ Fax: _____

Tax ID: _____ NPI: _____

President: _____

Contact Person: _____

Administrator: _____

License #: _____ Date Initial Operation: _____

Medicare #: _____ Medicaid #: _____

Patients in last 12 months: _____ Unduplicated Admissions: _____

email address: _____

Password: _____ (for CHAP, do not fill)

Submitted by: _____ Signature: _____

Date: _____