

PHCC Self-Study Evaluation Form for Reaccreditation

Please submit with your application for reaccreditation.

1.	Name of PHCC Site:
2.	Name of person completing form:
3.	Title of Self Study Project:
4.	Briefly describe your project:
5.	Describe any barriers to completing the study:
6.	Has this project altered clinical practice at your site?
7.	Note any barriers to participating in the PHA Registry (PHAR) at your site: