

Level of Care Certification – Request for Review

Organization name: _____

CARF Company ID: _____

Street Address: _____

City, State/Province: _____

Country, Postal Code: _____

CARF Survey ID: _____

Request for Review

Follow these instructions to request a Review of a CARF certification survey:

1. Enter the organization and survey information above.
2. Select the type of Review and complete the appropriate section below.
3. **Within 10 calendar days** of the date of the letter that communicates the certification decision from the survey:
 - a. Email this completed form, along with all documents required by Section 2 below (if applicable), to the [Certification Support Team](#); and
 - b. Pay the applicable [Review fee](#) at the [CARF Online Store](#).

See the [LOC Conditions](#) for the complete review process.

- ☐ **Section 1 – Full Review.** *All surveyed Levels of Care for which certification was not issued are included in the Full Review. Select if survey is ineligible for Summary Review.*

The organization requests that CARF make best efforts to avoid scheduling the Full Review on the following dates during the next 90 days: _____

- ☐ **Section 2 – Summary Review.** *Select one or more Levels of Care for which certification was not issued to include in the Summary Review:*

☐ 3.1 ☐ 3.5 ☐ 3.7

For each Level of Care selected above, complete the appropriate grid below. Each completed grid must identify: (1) the five or fewer defining elements included in the Plan of Action form for the selected Level of Care*, all of which must be [eligible](#) for Summary Review; and (2) the document responsive to each. **Each identified document must be timely emailed to CARF with this form.** By submitting these documents to CARF, the organization hereby affirms that each such document is a true and correct copy of the document currently in use by the organization.

*If no defining elements are included in the Plan of Action form for any Level of Care not certified, the survey findings do not indicate substantial satisfaction of the applicable nondefining elements and, therefore, the survey is eligible only for Full Review.

Level of Care 3.1, if applicable	
Element No.	Document Responsive to Element (Attached)

Level of Care 3.5, if applicable	
Element No.	Document Responsive to Element (Attached)

Level of Care 3.7, if applicable	
Element No.	Document Responsive to Element (Attached)