|  |  |
| --- | --- |
| **Name of Health Department** |  |
| **Health Department Mailing Address** |  |
| **Name of Health Director (by statute), including credentials** |  |
| **Health Director’s Phone Numbers** | Work: **Cell:** |
| **Health Director’s E-mail Address** |  |
| **Name of Governing Board (which has powers and duties assigned to Boards of Health in statute)** |  |
| **Name of Governing Board Chair** |  |
| **Name of Agency Accreditation Coordinator (AAC)** |  |
| **AAC’s Phone Numbers** | Work: **Cell:** |
| **AAC’s Email Address** |  |
| **Submission Date** |  |

In submitting the completed Health Department Self-Assessment Instrument (HDSAI) and accompanying evidence in the NCLHDA Dashboard, we the undersigned certify that, to the best of our knowledge, the information contained therein is true and accurate.

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**Governing Board Chair Date Health Director Date**