

**AMERICAN ASSOCIATION OF SUICIDOLOGY**

**5221 Wisconsin Avenue NW, Washington, DC 20015**

**Application for Accreditation or Re-Accreditation**

New: \_\_\_\_\_ Re-accreditation: \_\_\_\_ Date: \_\_\_\_\_

**I. DATA REGARDING PROGRAM**

**Name of Program:**

**Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Business Telephone Number:**

**After hours number (mobile)**

**Name of Executive Director:**

**Email:**

**E-mail of Contact Person:** \_\_\_\_\_

**(1) Current Annual Budget (crisis services only):**

**(2) Is your organization a member of AAS?      Yes              No      (If no, you must be a member of AAS to be accredited)**

**3) List below the name of major funding sources**

**II. SERVICES PROVIDED:**

**Check all services provided. Double check those considered major purposes or objectives**

- |                          |                                    |                          |                            |
|--------------------------|------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Suicide Prevention Hotline         | <input type="checkbox"/> | General Crisis Hotline     |
| <input type="checkbox"/> | Rape Crisis Counseling             | <input type="checkbox"/> | Child Abuse Counseling     |
| <input type="checkbox"/> | Teen Hotline                       | <input type="checkbox"/> | Teen to Teen Hotline       |
| <input type="checkbox"/> | Survivors of Suicide Support Group | <input type="checkbox"/> | Drug Information Service   |
| <input type="checkbox"/> | Alcoholism Information Service     | <input type="checkbox"/> | Substance Abuse Counseling |
| <input type="checkbox"/> | Sexually Transmitted Disease Info  | <input type="checkbox"/> | Sex Information            |
| <input type="checkbox"/> | General Victim Services            | <input type="checkbox"/> | Outreach Program           |
| <input type="checkbox"/> | Face to Face Counseling            | <input type="checkbox"/> | Mental Health I & R        |
| <input type="checkbox"/> | Drop In Center                     | <input type="checkbox"/> | Domestic Violence          |
| <input type="checkbox"/> | General Grief Support Groups       | <input type="checkbox"/> | Mobile outreach            |
| <input type="checkbox"/> | Compassionate Friends              | <input type="checkbox"/> | Crisis Chat                |
| <input type="checkbox"/> | Specify Other:                     | <input type="checkbox"/> | Text messaging             |

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**III. PERSONNEL INFORMATION**

Program Director's Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Director's Employment Status: "Full Time "Part Time "Salaried "Volunteer

Total Number of Salaried Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Total Number of Volunteers (organizational wide) \_\_\_\_\_

I have included:

\_\_\_\_\_ A copy of my organization's active intervention (see accreditation manual policies and procedures.

\_\_\_\_\_ A completed Pre-Screening Questionnaire, with explanations of questions answered "no."

In submitting this Application for Accreditation to the American Association of Suicidology, we hereby agree to the following conditions related thereto:

### **AGREEMENT**

1. We agree to prepare and provide copies of any written material that may be requested by the Committee on Accreditation as a part of the evaluation process.
2. We agree to pay the fees required and to maintain an organizational membership in AAS.

### **Accreditation Fees:**

#### For new organizations:

\$250 application fee, \$2500 accreditation fee, all examiner expenses (\$50 maximum/day for meals). Send application fee and accreditation fee with this form. You will be billed for the examiner expenses.

#### For re-accreditations:

\$1500 accreditation fee and all examiner expenses. **Send accreditation fee with this form.** You will be billed for examiner expenses.

### **Annual Membership Dues:**

For organizations with annual operating budgets below \$100,000 the dues are \$210

For organizations with budgets from \$100,000 to \$199,999 the dues are \$250

For organizations with budgets from \$200,000 to \$499,999 the dues are \$375

For organizations with budgets from \$500,000 to \$749,999 the dues are \$500

For organizations with budgets from \$750,000 to \$999,999 the dues are \$600

For organizations with budgets greater than \$1,000,000 the dues are \$750

3. We agree that the Examiners will not be offered or given any form of honorarium, stipend, consultation fee or remuneration for any activity or service rendered at the time of the site evaluation.
4. We agree to notify the Director of Crisis Services Accreditation immediately whenever any change in our program may affect our accreditation status.
5. We agree to notify AAS within 30 days of any changes to our Executive Director and contact person, address, phone numbers, email.

6. **We agree to submit the annual self - survey report (current form available on the AAS website) to AAS by the end of February.**

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Program Director

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Date

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**Before proceeding with the application can you answer “yes” that you subscribe to and practice the AAS active intervention policy in cases of an involuntary client, offer third party calls and follow up calls as highlighted in the Standard’s manual. If you can’t you will not be qualified for accreditation. If you can, please proceed.**

“One of the core values of AAS is that every person has the basic right to assistance in life-threatening or other crises. This value reflects the basic philosophy that an active intervention should be implemented if a client’s life is in danger even when the client will not or cannot assent. Because we also value a client’s privacy and self-determination, ideally, the intervention is done with the client’s consent. When that is not possible, the intervention will occur without the client’s consent or knowledge, only after all other options have been exhausted.

Some examples of proactive approaches for intervention and support of suicidal clients include; using caller ID, tracing, and calling police or ambulance, making follow up calls to suicidal callers and third party callers who are suicidal.”

# AMERICAN ASSOCIATION OF SUICIDOLOGY

## Pre-Screening Questionnaire

Please complete this pre-screening questionnaire by marking (X) on the appropriate lines beside each question if the question pertains to your service, center or program. *If the answer to any of these questions is no, please explain on an additional page.*

Question	Yes	No
1. Does a corporate authority assume responsibility for the management of your program?		
2. Is there a specific designated director of the crisis program(s) who serves at least part time in that capacity?		
3. Are financial records kept in compliance with generally accepted accounting principles (GAAP)?		
4. Is there designated office space for workers to answer the crisis line and/or interview clients?		
5. Is there a written outline of pre-service training content, along with a bibliography?		
6. Is there a minimum of 30 hours of pre-service training offered?		
7. Is there a written plan for screening prospective crisis workers?		
8. Do those with responsibility for the pre-service training have the experience, skills and competence to do so?		
9. Are ongoing supervision and in-service training provided?		
10. Is the telephone answered in person 24 hours a day, 7 days a week?		
11. Is walk-in, face-to-face counseling available to clients through referral that is initiated by the telephone worker?		
12. Are there arrangements to provide outreach, face-to-face services to those in crisis?		
13. Are there online programs like crisis chat, text messaging or email services for people in distress or crisis.		
13. Does the program provide follow-up calls or services to suicidal callers?		
14. Does the program complete an individual record for each caller/client at the time of their initial contact?		
15. Is an assessment of lethality routinely done on all crisis calls and other crisis support services?		
16. Are there written procedures for actively intervening in life threatening cases? (Please enclose.)		
17. Are there arrangements to provide bereavement services to survivors of suicide?		
18. Has the program adopted a written code of ethics?		
19. Is someone in the organization responsible for dealing with requests for community education?		
20. Is there a list (or database) that identifies general community resources?		
21. Have program goals/objectives been identified in writing and is there evidence of their review and		

evaluation?		
22. Does your center do outreach calls in third party situations involving suicidal risk? (Please enclose policies.)		

