ASF-OPS-006

Eligibility and Scope Policy

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	All organisations applying for ASF accreditation for the first time or seeking reaccreditation
Related documents	ASF-OPS-001 Accreditation Decision Framework · ASF-OPS-003 Accreditation Cycle Policy · ASF-OPS-005 Post-Accreditation Obligations · ASF-GOV-001 Standards Development Methodology
Supersedes	ASF-OPS-006 V2.0 (2026-09-30)
Next review	September 2031, or earlier on trigger

Version History

Version	Date	Nature of change	Approved by
V0.1	2025-01-08	Initial draft	—
V1.0	2025-03-01	First published version	Accreditation Decision Committee
V2.0	2026-01-15	Eligibility criteria by facility type added; 5 ineligibility conditions formalised	Accreditation Decision Committee
V3.0	2026-09-30	7-row documentation table; 90-day processing target; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

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1. Purpose

1.1 This policy establishes the eligibility criteria that a healthcare facility must meet before it may apply for ASF accreditation, and the framework for defining the scope of the assessment. Clear eligibility and scope requirements protect the integrity of ASF's accreditation programme by ensuring that accreditation is only sought and granted for facilities that are operationally established, legally compliant, and capable of participating meaningfully in the accreditation process.

1.2 ASF accreditation is open to healthcare facilities worldwide, subject to the eligibility criteria in Section 2 and the availability of an applicable ASF accreditation standard for the facility type.

2. Eligibility Criteria

2.1 General Eligibility — All Facility Types

2.1.1 To be eligible for ASF accreditation, a facility must at the time of application:

- **(a)** be legally established in its country of operation, holding all required licences, registrations, and regulatory authorisations for the services it operates;
- **(b)** have been operational for a minimum of six months in its current configuration — i.e. providing clinical or health-related services to patients or clients from its current premises, under its current management;
- **(c)** have a physical premises at which clinical or health-related services are delivered — ASF does not currently accredit purely virtual, telemedicine-only, or home visiting services without a fixed base;
- **(d)** have an identifiable organisational leadership structure — a named Chief Executive Officer or equivalent, and a named quality contact responsible for the accreditation relationship with ASF;
- **(e)** not be subject to a current regulatory suspension, closure notice, or equivalent enforcement action that would materially affect its ability to continue providing services;
- **(f)** have an applicable ASF accreditation standard — the facility type must correspond to one of the ASF standards currently available for assessment.

2.2 Additional Criteria for Specific Facility Types

2.2.1 Hospital Standard: in addition to the general criteria above, facilities seeking assessment under the ASF Hospital Standard must: operate a minimum of 20 inpatient beds in continuous use; provide 24-hour emergency or acute care; and have a named Medical Director.

2.2.2 Ambulatory Clinic Standard: facilities must provide scheduled outpatient clinical services from a fixed premises. Day surgery facilities that do not offer inpatient overnight care are assessed under the Ambulatory standard, not the Hospital standard.

2.2.3 Long-Term Care Standard: facilities must provide residential or semi-residential care to persons with chronic conditions, disability, or age-related needs, with a minimum of 10 resident places in continuous operation.

2.2.4 Fitness and Wellness Standard: facilities must be commercially operating health and wellness facilities providing supervised exercise, rehabilitation, or wellness services from a fixed premises, with qualified professional staff.

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2.3 Ineligibility Conditions

2.3.1 A facility is not eligible for ASF accreditation where:

(a) it does not hold a valid operating licence or equivalent authorisation from the relevant national or local regulatory authority;

(b) it has been the subject of a formal regulatory closure, suspension, or enforcement action within the preceding 24 months that is directly relevant to patient or client safety;

(c) it has had ASF accreditation withdrawn within the preceding 24 months (see ASF-OPS-001, §4.7.4);

(d) its ownership or controlling entity is an ASF committee member, surveyor, or employee, without ASF's prior written approval and documented conflict-of-interest management;

(e) no applicable ASF accreditation standard exists for its facility type.

3. Accreditation Scope

3.1 The scope of an ASF accreditation defines precisely which activities, services, premises, and populations are covered by the accreditation assessment. The scope is agreed between ASF and the applicant during the pre-application stage and is stated on the accreditation certificate.

3.2 The scope covers a single physical facility at a single address. Multi-site accreditation — covering multiple locations under a single certificate — is not available. Each site must apply and be assessed separately.

3.3 The scope must align with the applicable ASF accreditation standard. Where a facility offers services that fall within the scope of one ASF standard and services that fall outside it, only the in-scope services are assessed. The certificate states the specific scope covered.

3.4 Where a facility operates sub-units or departments that have distinct regulatory statuses or distinct physical environments within the same premises, ASF and the applicant agree on how these are handled within the scope — either included within the single assessment or explicitly excluded with a documented rationale.

3.5 Any material change to the scope during the accreditation period (for example, the addition of a new service line) must be notified to ASF as required by ASF-OPS-005, §5, and may require a supplementary assessment.

4. Application Process and Required Documentation

4.1 Organisations wishing to apply for ASF accreditation submit a formal application to ASF using the standard application form available on france-asf.fr. The application must be accompanied by the following documentation:

Document / information required	Purpose and notes
Completed application form	Facility name, address, type, ownership, services offered, and named contacts
Valid operating licence or registration certificate	Evidence that the facility is legally authorised to operate in its jurisdiction

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Document / information required	Purpose and notes
Organisational chart	Current governance structure showing the CEO, Medical Director (where applicable), and quality contact
Brief service description	Summary of the clinical services offered, patient volumes (approximate), and staffing levels
Self-assessment (or readiness assessment)	Optional at application stage but strongly recommended; ASF provides a self-assessment tool on france-asf.fr
Declaration of eligibility	Signed declaration by the CEO that the facility meets all eligibility criteria in Section 2 and that there are no undisclosed ineligibility conditions
Payment of the application fee	The fee schedule is published on france-asf.fr; the application is not processed until the fee is received

4.2 ASF reviews the application for completeness and eligibility within 15 working days of receipt of the complete application and fee. Where additional information is required, ASF requests it in writing and the 15-day clock restarts from receipt of the complete information.

4.3 Where the application is accepted, ASF confirms in writing and proceeds to survey scheduling under ASF-OPS-003. The target from receipt of a complete application to survey date is 90 calendar days, subject to surveyor availability and the facility's operational calendar.

4.4 Where the application is declined — because the facility does not meet the eligibility criteria or because no applicable standard exists — ASF notifies the applicant in writing within 15 working days, stating the specific reason(s) for the decline. The applicant may appeal the decline decision under ASF-GOV-005.

5. ISQua EEA Alignment

5.1 This policy supports ISQua EEA Principle 11 (Eligibility), which requires that an accreditation programme has documented, publicly available, and consistently applied eligibility criteria. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of this policy to the applicable EEA criteria.

6. References

[1]	ISQua IAP. Principles for Standards. 6th Ed. ISQua EEA, Dublin, 2023.
[2]	JCI Accreditation Standards for Hospitals. 7th Ed. JCI, Oak Brook, 2020.
[3]	Accreditation Canada. Qmentum Accreditation Program: Eligibility Policy. Ottawa, 2022.
[4]	ISO/IEC 17021-1:2015 — Conformity Assessment. §8.1 Application. ISO, Geneva, 2015.
[5]	HQACI. Eligibility and Scope Policy. ISQua EEA Accredited Document, 2026.
[6]	Shaw CD et al. Profiling health-care accreditation organisations. Int J Qual Health Care.

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Formal Approval

Name and title	Signature	Date
Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières		2026-09-30

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