

**ACCF Accreditation Services Program Requirements**  
Posted 04/28/2025

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## ACCF Accreditation Services Program Requirements

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### 1.0 American College of Cardiology Foundation Accreditation Services

The American College of Cardiology Foundation (“ACCF”) offers a variety of Accreditation and Certification products, and in this document, Accreditation, Certification, Designation, and Distinction will be referred to collectively as “Accreditation”. Current ACCF Accreditation Program offerings include the programs listed below, and the Program Requirements within this document apply to each of these programs.

- Cardiac Cath Lab (“CCL”)
- Cardiac Cath Lab with Primary PCI (“CCL PCI”)
- Outpatient Center Cardiac Cath Lab (“OP CCL”)
- Outpatient Center Cardiac Cath Lab with EP Devices (“OP CCL EPD”)
- Outpatient Center Cardiac Cath Lab with PCI (“OP CCL PCI”)
- Outpatient Center Cardiac Cath Lab with PCI & EP Devices (“OP CCL PCI & EPD”)
- Chest Pain Center (“CPC”)
- Chest Pain Center with Primary PCI (“CPC PCI”)
- Chest Pain Center with PCI and Resuscitation (“CPC PCI RESUS”)
- Chest Pain Center Certification - Critical Access Hospital (“CAH”)
- Chest Pain Center Certification - FreeStanding Emergency Department (“FSED”)
- Electrophysiology (“EP”)
- HeartCARE Center (“HCC”): National Distinction of Excellence
- Heart Failure (“HF”)
- Heart Failure with Outpatient Services (“HF OS”)
- Transcatheter Valve (“TCV”) Certification
- Partner in Care Designation

### 2.0 Accreditation Program Requirements

#### ACCF's Pledge of Support.

ACCF recognizes the importance of “Accreditation” to the facility (“Facility”) seeking “Accreditation” and is committed to providing a broad range of resources, tools, and personnel to assist with improving patient outcomes and financial performance in the cardiovascular areas for which ACCF has developed an Accreditation designation. ACCF strives to make the “Accreditation” process as collegial and collaborative as possible and provides Accreditation Review Specialists (“ARS”) who are specifically trained and educated to conduct a comprehensive review of Facility’s processes.

By signing the Accreditation / Certification Services Agreement and indicating the Accreditation Program(s) your Facility wishes to participate in, your Facility agrees to comply with the Agreement and this Program Requirement document. ACCF may update the requirements outlined in this Program Requirements document and will notify you when the Program Requirements have been modified. The Facility is required to comply with any such modifications to the Program Requirements following notification from ACCF.

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### 2.1 Accreditation Facility Responsibilities and Obligations

#### Accreditation Program Management:

- Each participating Facility must designate and provide contact information for each Accreditation Program as required in the respective Program offering(s) to include, but not limited to the following:
  - **Key Contact** —The Key Contact is the primary point of contact for an assigned Accreditation Program and will coordinate the Accreditation activities and receive updates on behalf of the Facility. The Key Contact will be given access to the purchased Accreditation tool(s) upon receipt of the Agreement and payment.
  - **Executive Sponsor** —The Executive Sponsor will ensure adequate resources are in place to support Accreditation activities.
  - **Invoicing/Payment Contact** — The individual point of contact in the department responsible for annual fees, payment and questions related to invoices.
    - The designated individual responsible for financial oversight of the Accreditation program. Works in a partnered relationship with the Key Contact and Executive Sponsor.
  - **Marketing Contact** —The Marketing Contact is the point of contact for all marketing needs.
  - **Accreditation User** — The Accreditation User is an identified individual with access to the specific Accreditation Program. A minimum of one (1) user is required per Accreditation Program. Additional Users may be added upon written request from the Key Contact.
- The Facility is required to provide a valid and unique email address for all designated contacts at the participating Facility. The email addresses will be used to communicate relevant Accreditation Program information.
- The Facility is responsible for contacting ACCF upon any changes in name, address, or phone number of any designated contacts. If there is a change in the physical location of the Facility, ACCF may require an additional Site Review to determine continued compliance with Accreditation Program requirements and standards, and the Facility will be responsible for any associated costs of the Site Review.
- Any Facility found deficient in any Accreditation criteria at the time of the Site Review will be provided with detailed instructions for becoming compliant and removing the status of criteria deficient.

#### Training and Orientation:

- The Facility data collection staff are expected to complete applicable training programs and adhere to the Accreditation Data Dictionary, Essential Component requirements and where applicable, Registry requirements ([see Section 4.0](#)).
- The Facility is expected to stay up to date with all instructions published by ACCF and posted within each Accreditation Tool on the private side of the Accreditation website.

#### Publication of Data:

- The Facility may use the information provided by ACCF for internal purposes only.
- The Facility must seek approval from ACCF before sharing Accreditation-produced reports to any external party. Contact ACCF ([see Section 3.0](#)) for review and approval if you desire to share Accreditation-produced reports.
- The Facility agrees that ACCF will publicly recognize the Facility's Accreditation achievement through media outlets.

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- ACCF may use Facility data provided by Facility or accessed by ACCF via the National Cardiovascular Data Registry pursuant to [Section 4.0](#) of these Program Requirements to provide aggregate summary data to its wholly owned subsidiaries for the purpose of providing the Facility with the opportunity to participate in value-added quality improvement services. ACCF will aggregate all Facility data and reports at the Facility level, and no patient information will be shared. All such reports shall be provided through a secure login and shall not be used for any purpose other than as described.

### Annual Fees:

- The Facility is required to pay an annual fee for each Accreditation Program.
- ACCF will provide the Facility with a yearly invoice via email no later than ninety (90) days before the Accreditation Program Purchase anniversary date.
- Yearly invoices will be sent to the Key Contact and Invoicing/Payment Contact.
- Program Purchase dates may vary depending on the Accreditation Program and the initial timing of participation.
- The annual fee is non-refundable.
- For any associated Accreditation / Certification, failure to maintain the Registry data requirements as required, including not renewing the NCDR fee or failure to enter patient data, places the facility at risk for revocation of the respective Accreditation / Certification to include HeartCARE Center™.

### Additional Fees Per Accreditation Program:

- The Facility is responsible for all travel costs for up to two (2) ACCF staff members for each Site Review to be conducted onsite at the Facility.
- ACCF's Accreditation Site Review travel policy shall govern the method in which travel costs are reimbursed.
- A Criteria Deficient fee of up to five thousand dollars (\$5,000) may be assessed if the Facility fails to meet the Accreditation requirements at the time of the Site Review.
  - The Facility is responsible for all travel costs associated with Criteria Deficiency status for up to two (2) ACCF staff members to conduct follow-up Site Review(s).
- A fee may apply to the Facility that requests to change its Accreditation designation from the one originally granted, to the extent such changes are permissible, or if the Facility moves from one physical location to another and wants to transfer the Accreditation designation to the new location.
  - Examples of designation change include but are not limited to:
    - A Facility Accredited as "CPC with PCI" loses 24/7 coverage; the Facility would no longer qualify for "CPC with PCI" and would now need to adhere to the requirements of CPC Accreditation without PCI.
    - A Facility Accredited as "CPC with PCI" elects to add '*Resuscitation*'.
  - The Facility is responsible for all travel costs associated with any Site Review, required by a change in designation, for up to two (2) staff members.

### Termination of Program:

- If a Facility terminates the Agreement at any point, the Facility is required to stop using the Accreditation designation marks and must remove the Accreditation designation marks from all external and internal Facility materials, websites, signage, as outlined in the Agreement

## **2.2 Accreditation Program-Specific Requirements**

### **For Cardiac Catheterization Lab (“CCL”) Accreditation:**

The Facility must adhere to mandatory Accreditation requirements outlined in the application, the Agreement, and this Program Requirements document.

- A Facility applying for CCL must demonstrate active participation in the NCDR CathPCI Registry®.
- The Outpatient Center applying must demonstrate active participation in either the NCDR CathPCI Registry® or CV ASC Registry Suite™.
- The Facility understands Accreditation is granted for three (3) years.
- The Facility understands that the “Anniversary Date” refers to the date that is the three (3) year anniversary of the date CCL Accreditation designation is initially granted.
- The Accreditation expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Accreditation is received before the Anniversary Date.
- The annual fee must be paid in full.
- Any Facility that achieves Accreditation will automatically move forward for re-Accreditation. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re-Accreditation no later than six (6) months before its Anniversary Date.
  - If the re-Accreditation process is completed before the Facility’s Anniversary Date, the re-Accreditation will be for a full three (3) year term from the current (defined as the time of re-Accreditation) Anniversary Date.
  - If not, the re-Accreditation will begin from the Facility’s new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility’s starting reference point at the beginning of the Accreditation process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Accreditation process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### **For Chest Pain Center (“CPC”) Accreditation:**

The Facility must adhere to mandatory Accreditation requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must demonstrate active participation in the NCDR Chest Pain-MI Registry™ or active data entry into the CPC Accreditation Conformance Database (“ACD”) as outlined in the ACD User Guide.
- Defense Health Agency Military Treatment Facilities will utilize internally developed reports to demonstrate compliance with required data elements.
- The Facility understands Accreditation is granted for three (3) years.
- The Facility understands that the “Anniversary Date” refers to the date that is the three (3) year anniversary of the date CPC Accreditation designation is initially granted.

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- The Accreditation expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Accreditation is received before the Anniversary Date.
- The annual fee must be paid in full.
- Any Facility that achieves Accreditation will automatically move forward for re-Accreditation. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re- accreditation no later than six (6) months before its Anniversary Date.
  - If the re-Accreditation process is completed before the Facility's Anniversary Date, the re- Accreditation will be for a full three (3) year term from the current (defined as the time of re-Accreditation) Anniversary Date.
  - If not, the re-Accreditation will begin from the Facility's new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility's starting reference point at the beginning of the Accreditation process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Accreditation process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### For Chest Pain Center ("CPC") Certification - Critical Access Hospital ("CAH")

- CAHs are designated by the Centers for Medicare & Medicaid Services (CMS) and receive special Medicare reimbursement to assist in providing healthcare services in rural areas. Information can be found on the CMS website: [Critical Access Hospitals Certification & Compliance](#)
- A main criteria for a CAH as defined is a facility less than or equal to twenty five (25) acute care beds.

The Facility must adhere to mandatory Certification requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must demonstrate active participation in the NCDR Chest Pain-MI Registry™
- The Facility understands that Certification is granted for three (3) years.
- The Facility understands that the "Anniversary Date" refers to the date that is the three (3) year anniversary of the date CPC Certification designation is initially granted.
- The Certification expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Certification is received before the Anniversary Date.
- The annual fee must be paid in full.
- Any Facility that achieves Certification will automatically move forward for re-Certification. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re- certification no later than six (6) months before its Anniversary Date.
  - If the re-Certification process is completed before the Facility's Anniversary Date, the re-Certification will be for a full three (3) year term from the current (defined as the time of re-Certification) Anniversary Date.
  - If not, the re-Certification will begin from the Facility's new anniversary date determined by the new Certification date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.

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- The Baseline Gap Analysis (BGA) phase is the facility's starting reference point at the beginning of the Certification process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Certification process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### **For Chest Pain Center (“CPC”) Certification - FreeStanding Emergency Department (“FSED”):**

The Facility must adhere to mandatory Certification requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must demonstrate active participation in the NCDR Chest Pain-MI Registry™
- The Facility understands that Certification is granted for three (3) years.
- The Facility understands that the “Anniversary Date” refers to the date that is the three (3) year anniversary of the date CPC Certification designation is initially granted.
- The Certification expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Certification is received before the Anniversary Date.
- The annual fee must be paid in full.
- Any Facility that achieves Certification will automatically move forward for re-Certification. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re-certification no later than (six) 6 months before its Anniversary Date.
  - If the re-Certification process is completed before the Facility’s Anniversary Date, the re-Accreditation will be for a full three (3) year term from the current (defined as the time of re-Certification) Anniversary Date.
  - If not, the re-Certification will begin from the Facility’s new anniversary date determined by the new Certification date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility's starting reference point at the beginning of the Certification process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Certification process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### **For Electrophysiology (“EP”) Accreditation:**

The Facility must adhere to mandatory Accreditation requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must demonstrate active participation in the NCDR EP Device Implant Registry™, the NCDR LAAO Registry™, or the NCDR AFib Ablation Registry™,
- The Facility understands Accreditation is granted for three (3) years.
- The Facility understands that the “Anniversary Date” refers to the date that is the three (3) year

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anniversary of the date Electrophysiology Accreditation designation is initially granted.

- The Accreditation expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Accreditation is received before the Anniversary Date.
- Annual fees must be paid in full.
- Any Facility that achieves Accreditation will automatically move forward for re-Accreditation. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re- accreditation no later than six (6) months before its Anniversary Date.
  - If the re-Accreditation process is completed before the Facility's Anniversary Date, the re- Accreditation will be for a full three (3) year term from the current (defined as the time of re- Accreditation) Anniversary Date.
  - If not, the re-Accreditation will begin from the Facility's new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility's starting reference point at the beginning of the Accreditation process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Accreditation process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### **For HeartCARE Center™ (“HCC”) National Distinction of Excellence:**

The Facility must adhere to mandatory Accreditation requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must maintain the current Accreditation Program(s)
  - **At the time of application submission, the Facility must have at least one (1) current Accreditation (must not be expired and not in the process of re-Accreditation).**
  - At the time of application submission, if any Accreditation Program(s) being utilized for one of the mandatory requirements is set to expire within six (6) months of the application date, the Facility must be in the process of re-accrediting that Program.
- The Facility must demonstrate active participation in an NCDR registry if the registry requirement has been selected:
- If selected for use, the Facility must actively maintain or participate in the following:
  - QII toolkit
  - QII Campaign
  - NCDR Public Reporting
- The Facility understands Accreditation is granted for one (1) year.
- The Facility understands that the “Anniversary Date” refers to the date HCC designation is initially granted.
- The Accreditation expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Accreditation is received before the Anniversary Date.
- Annual fees must be paid in full.
- Any Facility that achieves Accreditation will automatically move forward for re-Accreditation. To preserve

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the Anniversary Date, it is strongly recommended that the Facility submit its application for re-accreditation no later than six (6) months before its Anniversary Date.

- If the re-Accreditation process is completed before the Facility's Anniversary Date, the re-Accreditation will be for a full three (3) year term from the current (defined as the time of re-Accreditation) Anniversary Date.
- If not, the re-Accreditation will begin from the Facility's new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.

### **HeartCARE Center ("HCC") Public Recognition**

The ACCF will recognize those facilities that achieve the HCC designation through media outlets and public reporting. The form and location(s) of such public recognition will be determined by ACCF and include the use of the Facility name and logo, as well as the names of the Fellow of ACC ("FACC"), Master of ACC ("MACC") and the Associate of ACC ("AACC") serving as ACCF Member cardiovascular ("CV") champions.

By applying for the HCC designation and continuing to maintain the designation, the Facility consents to the use of the Facility name and/or logo in connection with the public recognition and further consents to the use of the names of the ACCF Member CV champions on behalf of the ACCF Member CV champions.

### **For Heart Failure ("HF") Accreditation:**

The Facility must adhere to mandatory Accreditation requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Facility must demonstrate active data entry into the HF Accreditation Conformance Database ("ACD") as outlined in the HF ACD User Guide.
  - The Facility may elect to utilize reports from a Nationally Recognized Database or utilize internally developed reports to demonstrate compliance with all required data elements.
    - The ARS will assess and determine if the reports/databases meet the intent of the required data elements during the application phase of the Accreditation process.
    - Metric inclusion/exclusion criteria and data definitions are provided as resources to the Facility to ensure that any performance metrics that are shared meet intent.
- The Facility understands Accreditation is granted for three (3) years.
- The Facility understands the "Anniversary Date" refers to the date that is the three (3) year anniversary of the date HF Accreditation designation is initially granted.
- The Accreditation expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Accreditation is received before the Anniversary Date.
- Annual fees must be paid in full.
- Any Facility that achieves Accreditation is automatically moved forward for re-Accreditation. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re-Accreditation no later than six (6) months before its Anniversary Date.
  - If the re-Accreditation process is completed before the Facility's Anniversary Date, the re-Accreditation will be for a full three (3) year term from the current (defined as the time of re-Accreditation) Anniversary Date.
  - If not, the re-Accreditation will begin from the Facility's new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility's starting reference point at the beginning of the

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Accreditation process.

- The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Accreditation process has begun (access).
- The timeline for the BGA is designated as the time from initial access to submission.
- Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

### **For Transcatheter Valve (“TCV”) Certification:**

The Facility must adhere to mandatory Certification requirements outlined in the application, the Agreement, and this document.

- The Facility must demonstrate active participation in the collaborative registry between the Society of Thoracic Surgeons (STS) and the American College of Cardiology (ACC) for Transcatheter Valve Treatments (TCT) known as the STS/ACC TCT Registry™.
- The Facility must participate in the STS Adult Cardiac Surgery Database (ACSD),
- The Facility understands that Certification is granted for three (3) years.
- The Facility understands the “Anniversary Date” refers to the date that is the three (3) year anniversary of the date TCV Certification designation is initially granted.
- The Certification expires on the Anniversary Date unless:
  - Appropriate application documentation for re-Certification is received before the Anniversary Date.
- Annual fees must be paid in full.
- Any Facility that achieves Certification will automatically move forward for re-Certification. To preserve the Anniversary Date, it is strongly recommended that the Facility submit its application for re-Certification no later than (six) 6 months before its Anniversary Date.
  - If the re-Accreditation process is completed before the Facility’s Anniversary Date, the re-Accreditation will be for a full three (3) year term from the current (defined as the time of re-Accreditation) Anniversary Date.
  - If not, the re-Accreditation will begin from the Facility’s new anniversary date determined by the new Accreditation date.
- The ACCF reserves the right to modify anniversary dates to create exceptions on a case-by-case basis.
- The Baseline Gap Analysis (BGA) phase is the facility’s starting reference point at the beginning of the Certification process.
  - The BGA timeline is the 60-day phase that begins the day ACC notifies the Key Contact, via email, that the Certification process has begun (access).
  - The timeline for the BGA is designated as the time from initial access to submission.
  - Submission of the BGA is expected within sixty (60) days of receiving access to the tool.
- Submission of the Application is expected within twelve (12) months of receiving access to the online tool. Early submission of the application is encouraged.

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### For Partner in Care Program:

The Provider, defined as Emergency Medical Services (“EMS”) or Heart Failure (“HF”) Outpatient Clinic, must adhere to mandatory Partner in Care requirements outlined in the application, the Agreement, and this Program Requirements document.

- The Provider must demonstrate active engagement with the corresponding Accredited Facility.
- Documents submitted by the Provider into the Accreditation tool(s) are expected to support active and ongoing engagement.
- The Provider understands the Partner in Care designation is only active during the Provider Accreditation period of three (3) years.
- The Provider understands the Provider “Anniversary Date” refers to the date that is the three (3) year anniversary of the date Provider designation is initially granted.
- The Partner in Care designation expires on the Provider Facility Anniversary Date unless:
  - The Partner must submit the re-Accreditation application prior to the Anniversary Date.
  - If not, the re-Accreditation will begin from the Partner’s new anniversary date determined by the new Accreditation date.

### 3.0 Accreditation Requirements and Contact Information

ACCF provides support via telephone and email during ACCF’s business hours which are posted on the Accreditation Services website: <https://cvquality.acc.org/accreditation>

- For optimal functionality, the following are required:
  - Operating System – Up to date per facility specifications or ‘*Contact Us*’ for questions
  - Browser - Google Chrome is the preferred browser to utilize for Accreditation Services product
  - Ensure pop-up blockers are disabled
  - Adobe PDF Reader
- Additional support can be requested by submitting the ‘*Contact Us*’ form found in the Left Menu within all tools or complete the form on the website: <https://cvquality.acc.org/contact-us>

### 4.0 National Cardiovascular Data Registry (NCDR®)

ACCF Accreditation Services allows Accredited / Certified facilities or those who have purchased the Accreditation service to use their registry data to meet specific requirements. Therefore, the Facility, by participating in one or more Accreditation Programs, hereby consents and authorizes ACCF to use the appropriate registry data for the applicable Accreditation / Certification Program(s).

### 5.0 Facility Recognition Kit

ACCF Accreditation Services has developed recognition information to support facilities in communicating their Accreditation /Certification achievement. Information will be sent via email and a congratulations kit.

The Facility may use the resources provided to promote the Facility’s quality improvement efforts to their patients and community.

By signing the Agreement and indicating the Facility’s commitment to the *ACCF Accreditation* program, the Facility agrees to comply with the appropriate use of the recognition kit.

- The contents provided may include the following (subject to change at the discretion of ACCF):
  - A certificate
  - A desktop award
  - Examples of press releases, articles, social media messages
  - Digital seal(s) for use on the Facility webpage or other marketing materials

## **6.0 Research Opportunities**

ACCF leads projects or collaborates with outside research organizations to explore cardiovascular science and care delivery questions. ACCF will present key research opportunities to Facilities. Each research opportunity will be a voluntary, optional item for the Facility consideration.

### **6.1 Research Responsibilities and Obligations**

There is no obligation to participate in any research project with ACCF. If the Facility chooses to opt into a research project, the responsibilities and obligations (including research protocols) will be clearly outlined in the enrollment materials.

### **6.2 Research Benefits**

In addition to furthering cardiovascular science to improve patient outcomes, some research opportunities may involve financial compensation for the Facility's role in the study, similar to clinical trials run by clinical or academic research organizations. If the Facility elects to participate in a research project, the enrollment materials will clearly outline the financial and non-financial benefits.

FILED: <https://cvquality.acc.org/NCDR-Home/program-requirements>

#### **Revision History:**

|            |                   |   |
|------------|-------------------|---|
| 04/28/2025 | From v4.9 to v5.0 | Summary listing: <ul style="list-style-type: none"><li>• Section 1 – Added designations</li><li>• Section 2.1 – Added clarification for responsibility to comply with requirements under 'Annual Fees'</li><li>• Section 3 – Updated contact information</li><li>• Added definitions – various sections</li><li>• Formatting - various sections</li></ul> |
|------------|-------------------|---|