



Advisory Board / Council Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Organisation ID#

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Date:

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Organisation Name:

City:

Province:

Instructions: Please answer each question by marking the circle under or next to your response. Your individual answers will be treated confidentially and presented in the aggregate to organisational leadership. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1. The organisation's advisory board (AB) is sufficiently active in carrying out its assigned responsibilities on behalf of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The role of the organisation's AB is well defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a member of the AB, we receive information (management and/or quality improvement reports) that supports our designated role/ purpose on behalf of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The work of the organisation's AB extends the capability of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upon joining the organisation's AB, I received an orientation that addressed AB membership responsibilities/roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. AB members have unique knowledge and skills which complement the knowledge and skills of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The AB's recommendations to the organisation contribute to organisational effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As a member of the AB, I feel my participation contributes to quality of care and/or organisational capacity improvements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The organisation's reputation with the community is favorable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The organisation collaborates with the community regarding issues of mutual concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The organisation's AB is representative of the community it serves and/or the needs of persons served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. To your knowledge, within the last four years, have there been
- allegations or findings of professional misconduct,
 - financial malfeasance,
 - failure to comply with laws and regulations governing equal opportunity and workforce administration, or
 - investigations by regulatory or other monitoring bodies which have identified significant problems at the organization?

13. The space below is provided for comments/information that you wish to call to the attention of COA peer reviewers.

Thank you for taking time to complete the survey.

- I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____

E-mail address: _____ Best time to call: _____