

CAREGIVER REGISTRY STANDARDS BOARD™  
 P.O. Box 0911 | Southern Pines, N.C. 28388  
 (855) 722-0911  
 crsb@privatecare.org



**Mission Statement:**

The mission of the Caregiver Registry Standards Board™ (“CRSB”) is to create, maintain and promote standards for the caregiver registry industry through an accreditation process.

**Benefits:**

- Enhances the professionalism of the industry.
- Allows for industry benchmarking of operational standards.
- Creates credibility and standardization.
- Creates transparency for caregiver recruitment.
- Makes available and attainable a seal of approval for caregiver registries that meet or exceed the CRSB standards.
- Communicates the industry’s commitment to the highest standards of professionalism.

**CRSB Accreditation: What it is and what it is not**

An entity that is awarded a CRSB Accreditation is deemed by the Caregiver Registry Standards Board™ to be operating in accordance with the standards that the CRSB has established.

CRSB Accreditation is not intended to confirm or suggest and may not be relied upon as confirming or suggesting, that an accredited entity is operating in compliance with any applicable federal, state or local law or regulation. Any such determinations are wholly outside the scope, expertise, and authority of the CRSB; and CRSB hereby disclaims any connection, perceived or otherwise, between an entity being accredited by CRSB and the entity being in compliance with any applicable law or regulation.

<b>Costs:</b>	<b>PCA Members</b>	<b>Non-PCA Members</b>
Application fee (Nonrefundable)	\$100	\$250
Accreditation (2 years) <i>plus</i> inspection fee	\$500*	\$2,500**

\* and the cost of any travel if an on-site inspection necessary.

\*\* includes the cost of a mandatory on-site inspection.

GENERAL APPLICATION AND QUESTIONNAIRE		
<b>Name of Caregiver Registry:</b>		
<b>Owner Name(s)/ Title(s):</b>	<b>Percentage of Ownership (must total 100%):</b>	
<b>Date Caregiver Registry was Established:</b>	<b>Business Structure:</b>	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
<b>Current Licensure / Licensing Entity (If unlicensed, indicate "NONE"):</b>		
<b>List Other Accreditation(s) the Caregiver Registry has Obtained:</b>		
<b>Identify and Describe the Type of Business Operated by any Entity "Affiliated With" (i.e., under common ownership with) the Caregiver Registry (if multiple affiliates, please attach current listing)</b>		
<b>Number of Caregiver Registry Locations:</b>	<b>State(s) of Caregiver Registry's Operation:</b>	
<b>Caregiver Registry Address (if multiple locations, please attach current listing):</b>		
<i>Mailing</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Physical</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Phone:</b>		
<i>Office</i>	<i>Mobile</i>	
<b>Email:</b>		
<b>Website:</b>		



**As used in the following questions, the term “you” refers to the caregiver registry on whose behalf this application is being submitted. One purpose of the following questions is to pre-screen your application to ensure that your business model is appropriate for CRSB Accreditation.**

Do you issue Internal Revenue Service Forms 1099 to the caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue Internal Revenue Service Forms W-2 to the caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you supervise the caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you control the quality of the caregivers’ work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide training in any form for the caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you set a caregiver’s pay rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you set a caregiver’s work schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require caregivers to wear any uniforms, name tags or insignia that identify you or that contain your logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a private sector entity? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that there are application, accreditation/inspection fees associated with this program, for which you will be responsible as a condition to maintaining your accreditation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand and agree to an on-site review and verification of the information that you submit prior to the finalization of your accreditation (for on-site accreditations only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that the submission of an application, the payment of fees, and the conduct of an on-site review does not guarantee accreditation and that you may be denied accreditation if it is determined that you do not meet the accreditation standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**How did you learn about the CRSB Accreditation Program?**

**Please note that your application will not be processed until your deposit is received in full. An invoice will be sent to the email and mailing address you provide within this application. If the billing information is different please provide the correct billing address and email address below.**

**NON-DISCLOSURE AGREEMENT:**

Dear Accreditation Applicant:

This Agreement is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ with offices at \_\_\_\_\_ (hereinafter "Recipient") and Caregiver Registry Standards Board™. (hereinafter "Discloser").

WHEREAS Discloser possesses certain ideas and information relating to caregiver-registry accreditation, industry standards, and business operation, including but not limited to accreditation applications, accreditation protocols and criteria, and accreditation interview questions, that are confidential and proprietary to Discloser (hereinafter "Confidential Information"); and

WHEREAS the Recipient is willing to receive disclosure of the Confidential Information pursuant to the terms of this Agreement for the purpose of seeking accreditation;

NOW THEREFORE, in consideration for the mutual undertakings of the Discloser and the Recipient under this Agreement, the parties agree as follows:

1. Disclosure. Discloser agrees to disclose, and Receiver agrees to receive, the Confidential Information.

2. Confidentiality.

2.1 No Use. Recipient agrees not to use the Confidential Information in any way, or to manufacture or test any product embodying Confidential Information, except for the limited purpose of seeking accreditation (the "Authorized Use").

2.2 No Disclosure. Recipient agrees not to disclose the Confidential Information and to use its best efforts to prevent and protect the Confidential Information, or any part thereof, from disclosure to any person other than Recipient's employees having a need for disclosure in connection with Recipient's Authorized Use of the Confidential Information.

2.3 Protection of Secrecy. Recipient agrees to take all steps reasonably necessary to protect the secrecy of the Confidential Information, and to prevent the Confidential Information from falling into the public domain or into the possession of unauthorized persons.

3. Limits on What Constitutes Confidential Information. Confidential Information shall not be deemed proprietary and the Recipient shall have no obligation with respect to such information that:

(a) was known to Recipient prior to receiving any of the Confidential Information from Discloser;

(b) has become publicly known through no wrongful act of Recipient;

(c) was received by Recipient without breach of this Agreement from a third party without restriction as to the use and disclosure of the information;

(d) was independently developed by Recipient without use of the Confidential Information; or

(e) was ordered to be publicly released by the requirement of a government agency.

4. Ownership of Confidential Information. Recipient agrees that all Confidential Information is, and shall remain, the property of Discloser, and that Discloser may use such Confidential Information for any purpose without



obligation to Recipient. Nothing contained herein shall be construed as granting or implying any transfer of rights to Recipient in the Confidential Information, or any patents or other intellectual property protecting or relating to the Confidential Information.

5. Term and Termination. Recipient’s obligations under this Agreement with respect to the Confidential Information shall be continuing until such time that such obligations end pursuant to Section 3 of this Agreement.

6. Survival of Rights and Obligations. This Agreement shall be binding upon, inure to the benefit of, and be enforceable by (a) Discloser, its successors, and assigns; and (b) Recipient, its successors and assigns.

Kindly execute and return a copy of this letter, which will constitute our Agreement with respect to the subject matter of this letter.

Sincerely,

Caregiver Registry Standards Board™

By: Amy J Natt  
Amy Natt  
2019-2020 Chairman

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_