CASA Award for ASC Excellence Application 2025 INSTRUCTIONS

**DEADLINE**: Applications are due by June 30, 2025, and are accepted between March 1and June 30, 2025. Recipients will be announced at CASA’s Annual Conference. **Applications will only be accepted if mailed** to PO Box 292698, Sacramento, CA 95829. **PLEASE EMAIL** [**registration@casurgery.org**](mailto:registration@casurgery.org)**, once you mail your documents, so we are aware those have been submitted.** Your application will be reviewed by a panel of judges, but all information will remain confidential and will not be shared without your prior permission.

Step 1: Determine if you are eligible

You are eligible if your member facility:

* Supports the ASC industry through active engagement in professional organizations
* Drives ASC-related legislation at both the Federal and State level through education, action and financial contributions
* Drives transparency and clinical quality in the ASC through facility benchmarking and public reporting and superior performance of important metrics, including outcomes, pricing and patient satisfaction
* Ensures clinical best practices, operational efficiency and regulatory compliance through ongoing patient, staff and physician education
* Is actively engaged in educating the public regarding the benefits of ASCs and demonstrating leadership in improving the general health of their community

Step 2: Tell us about your facility

Fill out the award application, telling us about your facility. **What sets you apart from the others? How do you exemplify ASC Excellence?**

* Scroll down to the application
* Complete each question
* Provide documentation to verify information, as needed
* Include and expound upon any additional activities or information you feel meet the objective of a category for the committee to evaluate
* Please be as thorough as possible in all areas
* Remember this is your opportunity to show why you deserve this award and the more documentation the stronger your application

Step 3: Submit your application

Applications are accepted between March 1 and June 30, 2025. The completed application, including supporting documents, should be mailed to CASA, PO Box 292698, Sacramento, CA 95829. **Only mailed copies will be considered**. Entries should be postmarked no later than June 30, 2025. **Please email April Ligtenberg at** [**registration@casurgery.org**](mailto:registration@casurgery.org) **to ensure we are aware of the documents being sent.**

Questions

Please reach out to Beth LaBouyer at [info@casurgery.org](mailto:info@casurgery.org) with any questions.

Ready to apply?

**#1 -** **DEMOGRAPHICS**

**CASA Award for ASC Excellence Application 2025**

A. ASC Name Click to enter text.

Address Click here to enter text.

ASC Phone Click here to enter text.

Website Click here to enter text.

B. Person responsible for application (Name) Click here to enter text.

Phone Click here to enter text.  
 EmailClick here to enter text.

C. Year center was founded Click here to enter text.

D. Brief bio on your center’s history Click here to enter text.

**#2 -** **MEMBERSHIP**

***Facility supports the ASC industry through active engagement in professional organizations.***

A. CASA Membership – MANDATORY

B. Year of Initial CASA Membership without subsequent membership lapses Click here to enter text.

C. Centers recruited to join CASA Click here to enter text.

D. Current ASC Accreditation Click here to enter text. Years Accredited Click here to enter text.

E. Is your center Medicare Certified?  Yes  No

F. Further Narrative or description on how you excel in this category. **Supporting documentation MUST be included for the category, to be considered.** Click here to enter text.

**#3 -** **ADVOCACY**

***Facility drives ASC-related legislation at both the Federal and State level through education, action***

***and financial contributions.***

A. Legislative tours conducted at facility in 2024

Representative Click here to enter text. Date Click here to enter a date.  
 Representative Click here to enter text.DateClick here to enter a date.

Representative Click here to enter text. DateClick here to enter a date.

B. CASA PAC participation in 2024 Click here to enter text.

C. CASA Issues PAC participation in 2024 Click here to enter text.

D. CASA Advocacy Fund participation in 2024 Click here to enter text.

E. Center representative participation at DC “Fly-In” Name Click here to enter text.

F. Hosted a legislative fundraiser: Date Click here to enter a date. Place Click here to enter text.  
 Official Click here to enter text.*(Provide Marketing Materials)*

G. Participated in a fundraiser: Date Click here to enter a date. Place Click here to enter text.  
 Official Click here to enter text.

H. Advocates on behalf of industry through letters and communication Click here to enter text.

I. Further Narrative or description on how you excel in this category. **Supporting documentation MUST be included for the category, to be considered.** Click here to enter text.

**#4 – QUALITY METRICS**

***Facility drives transparency and clinical quality in the ASC through facility benchmarking and public reporting and superior performance of important metrics including outcomes, pricing and patient satisfaction.***

A. Participation in CASA Benchmarking 2024 1st quarter  2nd quarter  3rd quarter 4th quarter

B. Participation in CASA Salary Survey 2024  yes  no

C. Participation in Medicare Outcomes Reporting  yes  no

D. Participation in additional Outcomes Research in 2023/2024 Click here to enter text.***(provide supporting documents)***

E. Participation in industry quality improvement programs. (Provide detailed examples)

Click here to enter text.

F. Further Narrative or description on how you excel in this category. **Supporting documentation MUST be included for the category, to be considered.**  
 Click here to enter text.

**#5 - EDUCATION**

***Facility ensures clinical best practices, operational efficiency and regulatory compliance through ongoing patient, staff and physician education.***

A. Center representative at CASA Infection Prevention Training 2024  yes  no

B. Is your ASC Administrator CASC certified?  yes  no  
 Name Click here to enter text.

C. Additional ASCA/APIC or AORN Education *(provide supporting documents)*.

D. Further Narrative or description on how you excel in this category. **Supporting documentation MUST be included for the category, to be considered.**  
 Click here to enter text.

**#6 - COMMUNITY INVOLVEMENT**

***Facility is actively engaged in educating the public regarding the benefits of ASCs and demonstrating leadership in improving the general health of their community.***

A. Please provide a written description of your center’s community outreach and include any supporting

Documents. Click here to enter text.

B. ASC is a member of your local Chamber of Commerce  yes  no

C. Further Narrative or description on how you excel in this category. **Supporting documentation MUST be included for the category, to be considered.**  
 Click here to enter text.

**ASSOCIATION INVOLVEMENT**

***Facility demonstrates a commitment to the ASC industry by actively serving in the association.***

Facility voting member or designee attended CASA 2024 Business meeting  yes no

A member of your facility participated as a volunteer on a CASA Committee and/or volunteered at a

CASA Event in 2024:

Name Click here to enter text. Committee/Event Click here to enter text.

Name Click here to enter text. Committee/Event Click here to enter text.

Name Click here to enter text. Committee/Event Click here to enter text.

**Submit your application and supporting documents to:**

**Beth LaBouyer, CASA Executive Director | CASA | PO Box 292698 | Sacramento, CA 95829  
Email** [**registration@casurgery.org**](mailto:registration@casurgery.org) **to let us know your documents are on their way!**