**[HEALTH DEPARTMENT LOGO]**

**[HEALTH DEPARTMENT NAME]**

**Accreditation Documentation Progress Report**

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| PHAB  Domain | Leads | Number of Measures in Domain | % Documentation Filed for Measure |  |  |  |  |  |  |
|  |  |  |  | **(Date)** | **(Date)** | **(Date)** | **(Date)** | **(Date)** | **(Date)** |
| 1 | **(Name’s)** |  |  |  |  |  |  |  |  |
| 2 | **(Name’s)** |  |  |  |  |  |  |  |  |
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| 11 | **(Name’s)** |  |  |  |  |  |  |  |  |
| 12 | **(Name’s)** |  |  |  |  |  |  |  |  |
| Department’s Office  (Name)  Compliance % |  |  |  |  |  |  |  |  |  |