[HEALTH DEPARTMENT LOGO]

ADDENDUM A: DOMAIN LEADERSHIP & PHAB REVIEW TEAM

ATTENDEE ROSTER

**Director Name**:

**Assistant Director Name:**

**Accreditation Coordinator Name:**

**Title:**

**Office Represented:**

**PHAB Site Visit Team**

Reviewer Names:

**IDPH Domain Leads**

Domain 1:

Name:

Title:

Office:

Domain 2:

Domain 1:

Name:

Title:

Office:

Domain 1:

Name:

Title:

Office:

Domain 3:

Domain 1:

Name:

Title:

Office:

Domain 4:

Domain 1:

Name:

Title:

Office:

Domain 5:

Domain 1:

Name:

Title:

Office:

Domain 6:

Domain 1:

Name:

Title:

Office:

Domain 7:

Domain 1:

Name:

Title:

Office:

Domain 8:

Domain 1:

Name:

Title:

Office:

Domain 9:

Domain 1:

Name:

Title:

Office:

Domain 10:

Domain 1:

Name:

Title:

Office:

Domain 11:

Domain 1:

Name:

Title:

Office:

Domain 12:

Domain 1:

Name:

Title:

Office: