



INTERNAL MEDICAL AUDIT CRITERIA

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY HEALTH & WELLNESS UNIT – FAMILY PLANNING PROGRAM
(2-2025)

Name of Subrecipient Agency	Date
Audit Completed By	Type <input type="checkbox"/> Audit <input type="checkbox"/> Re-Audit
Audit Topic	
Audit Objective	

Client Population	
CRITERIA	THRESHOLD PERCENT
1.	
2.	
3.	
4.	
5.	

Description of Records Selection Process
Number of Records Audited

AUDIT SCORES

Criteria Number	1	2	3	4	5
Number of Yes Responses					
Number of No Responses					
Number of NA Responses					
Threshold Percent (Expected)					
Achieved Percent (Actual)					

Explanation of Audit Results

Action Plan(s) Implemented as a Result of Audit

Signatures

Audit Completed By
Subrecipient Director
Medical Director or Clinical Service Provider

