



10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
 phone 877.776.2200 • local 410.581.6222 • fax 410.581.6228 • online www.bocusa.org

Change form for BOC accredited facilities

Type of change		
<input type="checkbox"/> Facility Name <input type="checkbox"/> Corporate Officer/Owner(s) <input type="checkbox"/> Facility Hours <input type="checkbox"/> Certified/License Personnel		
Facility Information		
Current Facility Name		Doing Business As (DBA)
Street Address		
City	State	Zip
Phone		Fax
Email		Website
Has the name of the facility changed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have the Corporate officer/owner or compliance officer names changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PTAN, NPI # or Tax ID # changed? <input type="checkbox"/> Yes <input type="checkbox"/> No New PTAN # _____ New Tax ID# _____ New NPI# _____		Name of New Corporate Officer/owner or Compliance Officer
Posted Business Hours M-F _____ Sa _____ Su _____ Closed for lunch? (indicate time)		Have there been changes to your Certified/Licensed Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "YES" to any of the above questions regarding changes in your practice, please indicate these changes on a separate sheet of paper (if needed) and submit supporting documentation. If this is a change in ownership and/or a stock sale, please submit a fully executed copy of the sales agreement, a copy of the business license indicating new owner and a copy of a government issued ID of new owner.</i>		
Owner/Corporate Officer Signature		
By signing this affidavit, I attest to personal knowledge of the accuracy of all information provided to BOC. I agree to notify BOC in writing of changes to ownership, corporate structure, location, or provision of services/equipment. I grant permission to BOC and its authorized representatives to inspect my facility during business hours and without prior notification, and I agree to maintain ongoing compliance with BOC's policies and standards, as well as standards set forth by the Centers for Medicare/Medicaid Services (CMS); I understand my responsibility to maintain continued compliance, even as these policies and standards are updated. I understand that non-compliance with this affidavit may result in denial or revocation of accreditation.		
_____		_____
Print Owner/Corporate Officer Name		Signature Owner/Corporate Officer
Change of information fees (fees are subject to change)		
Administrative Fee \$150		
Payment Method		
Check# _____ Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> Amex <input type="checkbox"/> CC# _____	Exp. Date (MM/YY)	CSC# (3 or 4 digit code)
Name as it appears on card:		Cardholder signature:

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I agree to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order (in U.S. Dollars) payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order or credit card payment with an additional fee of \$35.00 to cover the returned check processing fee. BOC does not offer refunds or accept post-dated checks.



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Notwithstanding anything to the contrary contained herein, to the maximum extent permitted by applicable law, except in the instance of willful misconduct or gross negligence of BOC (or any of its employees, agents, or contractors ("Related Parties")), the maximum aggregate liability of BOC arising out of or in connection with this Accreditation Application (including any inspection or audit of Applicant's facility) shall not exceed the aggregate amount paid or payable by Applicant to BOC for the Application fee and all services, including any inspection or audit, giving rise to such liability, as of the date of the events or circumstances giving rise to such liability.

Submit completed application and documentation to:

Board of Certification/Accreditation
Attention: Accreditation Department
10461 Mill Run Circle, Suite 1250
Owings Mills, Maryland 21117

You may fax or email this application and documentation as well

Email: fa@bocusa.org
Fax line for the Accreditation Department: 410.581.6228
