



410.581.6222  
 877.776.2200  
 Fax: 410.581.6228  
 www.bocusa.org

10451 Mill Run Circle, Suite 200  
 Owings Mills, Maryland 21117

### Application for BOC Re-accreditation

Facility Information			
Facility Name		Doing Business As (DBA)	
Street Address			
City	State		Zip
Phone		Fax	
Email		Website	
CMS Provider #(PTAN)	National Provider Identifier #(NPI)	Employer Identification Number (EIN)	
Have the practice hours changed? M-F _____ Sa _____ Su _____ Closed for lunch? (indicate time) _____	Yes ___ No ___	Have the Corporate office/owner or compliance officer names changed? Yes ___ No ___	
Have there been changes to your Certified/Licensed Personnel? Yes ___ No ___	Has there been a change to your product line? (See reverse side for a list of your current product categories) Yes ___ No ___		
<i>If you answered <b>yes</b> to either of the above questions regarding changes in your practice please indicate these changes below and submit supporting documentation:</i>			
Owner/Corporate Officer Signature			
In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application, including any and all accompanying documentation, is complete, accurate and true, to the best of my knowledge. I understand that falsification of information may result in a denial or revocation of accreditation. I agree to notify BOC in writing of all changes to ownership, corporate structure, location and/or provision of services/equipment. In submitting this application, I understand that I am granting permission to BOC and its authorized representatives to inspect my facility during normal business hours and without prior notification.			
_____		_____	
Print Owner/Corporate Officer Name		Signature Owner/Corporate Officer	
Facility Accreditation Fees (fees are subject to change)			
Re-Accreditation, Site Survey and First Year Fee	\$2499	2 <sup>nd</sup> Year Accreditation Fee	\$675
Additional on-site survey Fee (if required)	\$995	3 <sup>rd</sup> Year Accreditation Fee	\$675
Payment Method			
Check# _____ Visa ___ MC ___ Disc ___ CC# _____	Exp. Date (MM/YY)	CSC# (3 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. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.