



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

## Facility Relocation Application

Facility Information					
Facility Name			Doing Business As (DBA)		
Street Address					Suite Number
City		State		Zip Code	Country
Email			Fax Number		
Telephone Number			Mobile Number		
CMS Provider # (PTAN)		National Provider Identifier # (NPI)		Employer Identification # (EIN)	
National Association Board of Pharmacy # (NABP)   <i>If applicable</i>			Drug Enforcement Agency # (DEA)   <i>If applicable</i>		

**Posted Business Hours: Indicate AM/PM and if the facility closes for lunch.**

	Closed	Open Time	Close Time	Closed for Lunch	Lunch Start Time	Lunch End Time
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

Date relocation will be complete:

**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, 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	Date



**Relocation of Facility Accreditation Fees | Fees are subject to change.**

On-Site Survey Fee **\$1,455**

**Payment Method**

<b>Credit Card Payment</b> Visa      Mastercard      Discover      American Express	<b>Check Payment</b> <input type="checkbox"/> Check (enclosed)	Check Number
Credit Card Number	Security Code	Expiration Date
Billing Address		
City	State	Zip 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 Payment Amount upon proper presentation. I agree to pay such Payment Amount (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 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.

**You may email or fax this application and documentation to:**

[fa@bocusa.org](mailto:fa@bocusa.org)  
410.581.6228

**Or, mail completed application and documentation to:**

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