



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:</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
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.



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

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
