Board of Certification/Accreditation

BOC Five★Star Customer Service Distinction

877.776.2200 phone
410.581.6228 fax
bocusa.org

CUSTOMER SERVICE DISTINCTION APPLICATION

*indicates a required field

Facility Information

Facility Name*		Doing Business As (DBA)	
Street Address*			Suite Number
City*	State*	Zip Code*	Country*
Business Email*		Owner/Contact Name*	
Facility Phone Number*	Mobile Number*		Fax Number
CMS Provider # (PTAN)	National Provider Identifier # (NPI)		Employer Identification # (EIN)

Date of BOC Accreditation Expiration* Month/Day/Year*

Owner/Corporate Officer Signature

In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application is complete, accurate and true, to the best of my knowledge. 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 agree to notify BOC that the facility is "site-survey ready" within one year of the date on the 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 _____

Five Star Customer Service Distinction Fee (Fee is subject to change)

Customer Service Distinction: **$750**

Payment

Credit Card Type _____Visa _____MasterCard _____Discover _____American Express	Name as it appears on card	
Credit Card Number	Security Code	Expiration Date
Billing Address	City	State
Zip Code	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. BOC does not offer refunds.

Once you have completed your application for re-accreditation, please submit this application by email to Gary.Greb@bocusa.org or fax to 410.581.6228.