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 Accreditation 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) | *If applicable*	Drug Enforcement Agency # (DEA) | *If applicable*		

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
Monday	☐			☐		
Tuesday	☐			☐		
Wednesday	☐			☐		
Thursday	☐			☐		
Friday	☐			☐		
Saturday	☐			☐		
Sunday	☐			☐		

How did you hear about BOC?

☐ BOC Website	☐ CMS	☐ Social Media
☐ Colleague	☐ Internet	☐ Tradeshow

Did you use a consultant?	☐ Yes ☐ No	If yes, who?
Were you referred by a BOC-accredited facility?	☐ Yes ☐ No	If yes, facility name: If yes, facility representative:

Please list Corporate Officer/Owner(s) and Compliance Officer | *Print name.*

Corporate Officer(s)	Owner(s)	Compliance Officer

Credentialed Personnel | *Please include additional practitioners/pharmacists/pharmacy technicians on an attached document.*

Practitioner/Pharmacist	Credential Type
Practitioner/Pharmacist Technician	Credential Type

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	Date

Facility Type | *Check all that apply. Click here for full product list.*

Diabetic Footwear (custom) ☐	Mastectomy ☐	Orthotics (non-custom) ☐	Respiratory ☐
Diabetic Footwear (non-custom) ☐	Ocular Prosthetics ☐	Pharmacy ☐	Compounding ☐
Durable Medical Equipment ☐	Orthotics (custom) ☐	Prosthetics ☐	
Is your facility currently accredited? ☐ Yes ☐ No	If yes, by which accrediting organization?		

Facility Accreditation Fees | Fees are subject to change.

	DMEPOS	Pharmacy	DMEPOS + Pharmacy	Pharmacy + Compounding	DMEPOS + Pharmacy & Compounding
Initial Site Survey and 3-Year Accreditation Fees (all inclusive)	**$4,499** ☐	**$2,799** ☐	**$4,999** ☐	**$5,799** ☐	**$7,999** ☐
Additional On-Site Survey Fee (if required) **$1,455**	Optional Expedited On-Site Survey Fee (please call for details) **$700** ☐				

Payment Method

Credit Card Payment ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Check Payment** ☐ 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
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