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10451 Mill Run Circle, Suite 200
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Change form for BOC accredited facilities

| | | |
|--|-------------------|--|
| Type of change | | |
| Facility Name ____ Corporate Officer/Owner(s) ____ Facility Hours ____ 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? Yes ____ No ____ | | Have the Corporate office/owner or compliance officer names changed? Yes ____ No ____ |
| Have the practice hours changed? Yes ____ No ____ M-F _____ Sa _____ Su _____ Closed for lunch? (indicate time) _____ | | Have there been changes to your Certified/Licensed Personnel? Yes ____ No ____ |
| If you answered yes to either of the above questions regarding changes in your practice please indicate these changes below and submit supporting documentation: | | |
| | | |
| 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 \$75 | | |
| 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. BOC does not offer refunds or accept post-dated checks.