



# Pre-Opening Certification Application - For Centers that have NOT yet opened

Use this page as a cover when submitting application.

To be completed by an Authorized Representative of the submitting center.

## Contact Information

Facility Name \_\_\_\_\_ Expected Opening Date \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone Number (\_\_\_\_\_) \_\_\_\_\_

Facility Website \_\_\_\_\_

Facility Owner \_\_\_\_\_

Owner Phone Number (\_\_\_\_\_) \_\_\_\_\_ Owner Email \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Primary Contact Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Printed Name of Medical Director \_\_\_\_\_

Please check the box if a 3<sup>rd</sup> Party/Consultant/Management Service will be utilized

List the Address that the Certificate can be sent to (if different from Facility Address):

## Select Appropriate Category (choose only one)

- CATEGORY 1 - MD's or DO's on-site during all hours of operation
- CATEGORY 2 - MD's or DO's or NP's or PA's on-site during all hours of operation

## Pre-Opening Certification Application Fees

### APPLICATION FEE PER SITE:

CLINIC MEMBERS..... \$479  
 NON-MEMBERS..... \$779

## Pre-Opening Certification Guidelines:

\* The facility's opening date MUST fall within a 6-month period from application date to be approved for the CUC designation. Once the application has been received by UCAOA staff, this will mark the start date for the 6-month time frame.

### Step 1: To open a "Pre-Opening" application you must submit the following items:

- A completed attestation form
- Supporting materials: Center floorplan, Tax ID number, & proof of facility's physical address (i.e., leasing contract)
- This cover sheet filled out completely

All items listed above must be turned in at the most, 6 months prior to the facility opening.

### Step 2: After the center has opened, all required documentation listed on page 5 of the application must be submitted within 60 days of the doors opening.

\* Once all pending documents are received and approved, the facility has completed the "Pre-Opening" application and is awarded the official CUC designation on the UCAOA website, followed by a recognition package.

# Pre-Opening Certification Application Fees

## APPLICATION FEE PER SITE

**CLINIC MEMBERS ..... \$479**

**NON-MEMBERS ..... \$779**

Fees are paid at application and at three-year renewals. There are no annual fees.

**A UCAOA clinic membership is required for the duration of certification to receive the member rate of \$479**, additional fees will apply if membership is not maintained and revocation of certification for unpaid fees.

Initial Here to acknowledge that you have read and understand the pricing structure

Applications with incomplete, expired, or incorrect supporting documentation will be returned in full to the applying center so that the application may be correctly re-submitted at a later date. Application fees will not be refunded, and original application deadlines will still apply.

Please review all of your materials carefully prior to submitting. All materials will be kept confidential except if required by law or court proceedings.

## Other Terms

In consideration of UCAOA's willingness to review this application, applicant agrees to the following provisions:

### INTERPRETATION

UCAOA, as a private not-for-profit organization, reserves sole discretion to interpret and apply the criteria, modify the criteria, and develop and apply additional criteria, from time to time without prior notice.

### DISCLAIMER AND LIMITATIONS OF LIABILITY

UCAOA is providing no assurances that the CUC designation will lead to increased revenues or profits and shall have no liability if increases do not occur or for any other claim or occurrence arising out of applicant's application or the CUC certification program. If applicant is dissatisfied with the program, applicant's sole remedy shall be to decide not to renew or expand its participation. In any event, applicant waives and agrees not to assert any claims against UCAOA (or its officers or directors), based on the CUC certification program or any decision not to grant certification. Without limiting the generality of the foregoing provisions, applicant waives and agrees not to assert any claim that any certification denial violates any federal or state antitrust or restraint of trade laws. IN ANY EVENT, UCAOA'S AGGREGATE TOTAL MONETARY LIABILITY TO APPLICANT UNDER ALL CAUSES OF ACTION AND ALL THEORIES OF LIABILITY (INCLUDING BUT NOT LIMITED TO STATUTORY, TORT, STRICT LIABILITY, WARRANTY, INDEMNITY, CONTRIBUTION, AND CONTRACT THEORIES) WILL BE LIMITED TO THE REFUND OF ALL APPLICATION FEES PAID BY APPLICANT.

## INDEMNITY

To the extent permitted by applicable laws, applicant shall indemnify, hold harmless, defend and reimburse UCAOA and its officers, employees and directors ("Indemnified Parties") from and for any and all claims, losses, damages, liabilities, expenses, penalties, judgments, orders, awards, attorneys' fees and litigation expenses (collectively, "Claims") which arise or are alleged to arise wholly or partly out of or in connection with: (i) any bodily or personal injuries, death, sickness, disease, or any other medical or psychological condition, of any person who visits or seeks to visit applicant's Facility for which UCAOA has provided a CUC designation; (ii) any decision by UCAOA to grant or deny a CUC designation for any of applicant's Facilities; or (iii) any action or omission of applicant or its officers, directors, employees, agents, representatives, contractors or consultants. Without limiting the generality of the foregoing provisions, APPLICANT'S OBLIGATIONS TO INDEMNIFY, HOLD HARMLESS, DEFEND AND REIMBURSE INCLUDE ALL CLAIMS, REGARDLESS OF WHETHER SUCH CLAIMS ARE CAUSED OR ALLEGED TO HAVE BEEN CAUSED WHOLLY OR PARTLY BY UCAOA'S ACTS OR OMISSIONS OR AN INDEMNIFIED PARTY'S NEGLIGENCE; provided, if this provision or any phrase or portion is held void, unenforceable, or prohibited by law, then this provision and any such phrase or portion shall be reasonably reformed (by modifying, adding, or deleting text) to the minimum extent required to carry out the parties' mutual intent that this provision shall provide the broadest obligations to indemnify, hold harmless, defend, and reimburse that are valid, enforceable and permitted by law. Nothing herein shall be deemed to limit or reduce any obligations of any insurers of applicant, except to the extent required for such obligations to be valid, enforceable and permitted by law; provided, applicant hereby waives all rights of its insurers to subrogate against the Indemnified Parties.

\_\_\_\_\_  
**Printed Name of Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Printed Name above**

\_\_\_\_\_  
**Date**

**\*The person signing represents and warrants that the person: (a) has read, understands and agrees With all terms and provisions contained in this entire application and all other UCAOA materials Pertaining to the CUC certification program, on behalf of the applicant, and (b) is authorized to sign This application, make such representations, warranties and agreements on behalf of the applicant**

## Pre-Opening Certification Policy

Facilities that would like to obtain a Certification designation prior to the center's opening day have the option to do so. Facilities are required to submit the following as much as 6 months prior to their opening date:

- an attestation form that all CUC requirements will be met upon opening;
- the name of the urgent care (e.g., articles of incorporation) and the physical address of the center (e.g., building permit, letter from landlord, copy of lease);
- a tax ID number;
- any plans for the center (i.e., floor plan);
- opening date for the facility; and
- Pre-Opening CUC application fee.

Upon receipt of these items, a facility will be temporarily granted Certified Urgent Care Center status, expiring 60 days after the stated opening date, and presented with a letter awarding this status. Within 60 days of opening, the facility must submit a full CUC application with documentation. Once all pending documents are received and approved the facility will be awarded an official CUC designation for 36 months and receive their complete recognition package.

Changes in name or physical address or issuing a new certificate will result in an administrative fee of \$25 Member/\$50 Non-Member per center.

### Owner and or Medical Director Initials Required

As the Owner and or Medical Director of this facility, I hereby attest that licenses for all providers at this center have been reviewed and these providers obtain active, unrestricted licenses to practice in the state where this facility is located as of this date.

Initial Here

Owner

Initial Here

Medical Director

As the Owner and or Medical Director of this facility, I hereby attest that I have read and this facility agrees to abide by the [Criteria](#) and [Code of Ethics for Certified Urgent Care Centers](#) for the duration of our Certification Term.

Initial Here

Owner

Initial Here

Medical Director



**ATTESTATION - PRE-OPENING CERTIFIED URGENT CARE (CUC) CENTER**

As an authorized and legal representative of \_\_\_\_\_, I acknowledge that the urgent care center(s) identified below will meet the eligibility requirements and criteria for certification upon opening which is anticipated to be on \_\_\_\_\_, 201\_\_\_\_. The scope of services and hours of operation shall be consistent with those outlined in the certification eligibility and criteria.

I have attached the following documentation: the facility’s tax identification number; proof of facility’s physical address (e.g., copy of the lease, letter from landlord, etc); and a floor plan for the facility. I further understand that I will submit documentation for all certification criteria within 60 day period after the above opening date. Failure to do so will result in loss of theUCAOA Certified Urgent Care center status and I shall forfeit the full amount paid.

The Certification status by which the center(s) shall be in compliance is: Category 1  Category 2

\_\_\_\_\_  
Name of Urgent Care Center

\_\_\_\_\_  
Center’s Address

**I ATTEST THE ABOVE TO BE TRUE FOR THE CENTER(S) STATED ABOVE:**

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PROVIDING THE ATTESTATION

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

NOTARY

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

SWORN (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_.

SEAL

\_\_\_\_\_  
**COMMISSIONER OF THE SUPERIOR COURT OR NOTARY REPUBLIC**

**Mail Application Materials to: UCAOA – Certified Urgent Care Review:  
28600 Bella Vista Pkwy., Ste. 2010, Warrenville, IL. 60555**

**Step I. Return Completed Attestation with Front Page of Application.**

**Include the following supporting documentation along with a completed attestation form (found on page 3):**

- 1. Facility's tax identification number
- 2. Proof of facility's physical address (e.g., copy of the lease; letter from landlord, etc).
- 3. Floor plan for the facility

**Step II. Submit Marketing Material with Opening Date listed**

- 1. No sooner than 3 weeks prior to opening, provide any marketing material with the opening date indicated.

**Step III. Documentation Checklist – due within 60 days after opening date**

**Submit the following supporting documentation to complete your application within 60 days after opening date:**

- 1. Copy of business license for this facility, certificate of occupancy or equivalent
- 2. Exterior photo clearly showing entire facility structure and external signage
- 3. Photo of main entry door or sign indicating days and hours of operation to the public
  - a. If photo does not include advertisement that walk-ins are accepted during all hours, provide separate proof of advertisement
  - b. If facility does not meet criteria 3, provide address of nearest owned center that meets special circumstances criteria (center must be certified or have an application in process)
- 4. Current copy of ONE of the following x-ray documents:
  - Inspection certificate
  - State registration
  - LicensureRadiological equipment can perform (check to attest to each):
  - Chest x-ray
  - C-spines
  - Long bone films
  - Abdomen
  - Extremities
- 5. Copy of current laboratory licensure
- 6. Organizational chart including names of all current facility staff and providers with credentials (“MD”, “DO”, “NP”, etc.)
- 7. Copy of facility floor plan with clear labels marking EACH of the following items: exam rooms, treatment rooms (if separate), patient restrooms, x-ray, laboratory
- 8. Photos of portable defibrillator, oxygen equipment, drug cart and facility's radiology equipment (Fixed or Portable [note: C-Arms are not acceptable])
- 9. List of all medications and equipment contained in drug cart – should include adult as well as pediatric
- 10. Copy of recent advertisement, flyer or similar marketing piece for this facility (billboard photos accepted)
- 11. Description of role of Medical Director for this facility
- 12. Copy of active, unrestricted license for center's Medical Director
- 13. **RURAL CENTERS ONLY – Attach verification of rural address through use of the link below:**  
<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>

It is recommended that centers make a copy of submitted documentation to keep for your records. UCAOA will not provide copies to centers.

## Facility's Demographic Information

1. What services will this site offer?  
(please check all that apply)
  - Urgent Care
  - Occupational Medicine/Worker's Comp
  - Telemedicine
  - Physical Therapy
  - Lab
  - X-ray
  - CT/MRI
  - Physical Exams (School, Sport, Executive, Work, etc)
  - Other (please explain):
  
2. Will you offer any additional services, such as (please check all that apply):
  - Pain Management
  - Weight Loss
  - Anti-Aging
  - Chiropractic
  - Other (please explain):
  
3. In addition to "Walk-In" Urgent Care patients, will you also have appointments?
  - Yes
  - No
  
4. Describe the setting in which this facility is located:
  - Urban
  - Suburban
  - Rural ([per CMS definition](#))
  - Resort Area (Seasonal)
  - Other (please explain):
  
5. Typical Provider Model at this Urgent Care Center (Select one):
  - Physicians Only
  - Physicians with PA or NP, with physician always on site
  - Physicians with PA or NP, with physician NOT always on site
  - Exclusively PA and/or NP, with remote physician supervision per state regulations
  - Other
  
6. Total number of days that this Center typically sends receivables to a third-party collection agency:  
  
\_\_\_\_\_ Days
  
7. Does this center accept Medicaid?
  - Yes
  - No
  
8. Hourly compensation for:
  - Full-time Employed Physician
  - Full-time Employed PA
  - Full Time Employed NP