Urgent Care Association of America

ATTESTATION - CERTIFICATION PROGRAM

CHANGE OF VENUE TO AN EXISTING CERTIFIED URGENT CARE CENTER

As an authorized and legal representative of _____, I acknowledge that the urgent care center identified below has changed location. The scope of services and hours of operation at the new site shall be consistent with those outlined in the certification The Certification status by which the center(s) shall be in compliance is: Category 1 □ Category 2 □

_____

Name of Certified Urgent Care Center

_____

Original address (as shown on Certificate for Certified Urgent Care Center)

_____

New address

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

_____

SIGNATURE OF INDIVIDUAL PROVIDING THE ATTESTATION

_____

PRINTED NAME OF ABOVE

_____

TITLE

NOTARY

STATE OF: COUNTY OF:

SWORN (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____.

_____

SEAL **COMMISSIONER OF THE SUPERIOR COURT OR NOTARY REPUBLIC**