Urgent Care Association of America

ATTESTATION - CERTIFICATION PROGRAM

CHANGE OF NAME/OWNERSHIP 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 name or ownership. The scope of services and hours of operation shall remain consistent with those outlined in the certification. The Certification status by which the center(s) shall be in compliance is: Category 1 □ Category 2 □

Change of: ☐ Ownership ☐ Name

_____

Name as it appears on Certificate for Certified Urgent Care Center

_____

New Name of Center or Organization

_____

Address (Note: if center has changed location, a separate Change of Venue attestation statement must be completed).

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**