



**Urgent Care
Association
of America**



UCAOA ACCREDITATION APPLICATION

CURRENT ORGANIZATIONAL STATUS (PLEASE CHECK ONE):

- NO CURRENT CUC CERTIFICATION
- APPLYING CENTERS ARE CERTIFIED URGENT CARE CENTERS (CUC):
- All Centers Certified by UCAOA
 - Some Centers Certified by UCAOA

If your organization currently holds accreditation from another accrediting body, please contact accreditation@ucaoa.org for UCAOA Accreditation options.

PART I: Organization Information

LEGAL NAME OF BUSINESS APPLYING: _____

D/B/A (IF APPLICABLE): _____

BUSINESS WEBSITE: _____

PRIMARY CONTACT/ TITLE: _____

PRIMARY CONTACT PHONE NUMBER(S): _____

PRIMARY CONTACT E-MAIL ADDRESS: _____

SECONDARY CONTACT/ TITLE: _____

SECONDARY CONTACT PHONE NUMBER(S): _____

SECONDARY CONTACT E-MAIL ADDRESS: _____

MEDICAL DIRECTOR NAME: _____

MEDICAL DIRECTOR PHONE NUMBER(S): _____

BUSINESS ENTITY OWNERSHIP: _____

ARE ALL CLINICS WITHIN THE BUSINESS ORGANIZATION PURSUING ACCREDITATION? YES NO

IF NO, PLEASE INDICATE THOSE CLINICS NOT PURSUING ACCREDITATION AND REASON WHY (EXAMPLE: HOURS OF OPERATION DO NOT MEET CRITERIA)

URGENT CARE CENTER(S) SEEKING ACCREDITATION (IF MORE THAN LISTED BELOW, PLEASE PROVIDE CENTER NAME/ ADDRESS/ PHONE NUMBER ON A SEPARATE ATTACHMENT):

CLINIC NAME: _____ CLINIC PHONE: _____

CLINIC ADDRESS: _____

HOURS OF OPERATION: _____

CLINIC NAME: _____ CLINIC PHONE: _____

CLINIC ADDRESS: _____

HOURS OF OPERATION: _____

CLINIC NAME: _____ CLINIC PHONE: _____

CLINIC ADDRESS: _____

HOURS OF OPERATION: _____

CLINIC NAME: _____ CLINIC PHONE: _____

CLINIC ADDRESS: _____

HOURS OF OPERATION: _____

PLEASE INDICATE IF THE ORGANIZATION IS ESTABLISHED OR APPLYING FOR A **"PRE-OPENING" OR EARLY SURVEY STATUS** (DEFINED AS CLINIC OR BUSINESS ENTITY HAS NOT YET SEEN 4000 OR MORE PATIENT VISITS SINCE OPENING: ESTABLISHED URGENT CARE ORGANIZATION PRE-OPENING OR EARLY SURVEY

PART II: Survey

SURVEYS ARE TYPICALLY SCHEDULED 90 DAYS TO 6 MONTHS FROM THE TIME YOUR APPLICATION AND FEES ARE PROCESSED. YOU WILL BE CONTACTED BY UCAOA WITH THE TIMEFRAME FOR YOUR SURVEY.

AT TIMES, THERE MAY BE BENEFIT TO HAVING AN OBSERVER/TRAINEE ACCOMPANY A SURVEYOR. WOULD YOU BE WILLING TO HAVE AN OBSERVER JOIN IN THE PROCESS AS LONG AS IT IS AT NO ADDITIONAL COST TO YOU OR YOUR ORGANIZATION? YES NO

PLEASE PROVIDE THE FOLLOWING TO ASSIST THE SURVEYOR IN PLANNING TRAVEL:

ADMINISTRATIVE (OR PRINCIPAL) OFFICE LOCATION FOR PRECONFERENCE AT BEGINNING OF THE SURVEY

IF NOT AT THE ABOVE LOCATION, WHERE ARE THE FOLLOWING RECORDS LOCATED/CAN BE ACCESSED:

- GOVERNANCE DOCUMENTS: _____
- HR RECORDS: _____
- CREDENTIALING FILES: _____

ADMINISTRATIVE OFFICE PHONE NUMBER: _____

ADMINISTRATIVE OFFICE HOURS OF OPERATION: _____

AIRPORT NEAREST TO THE ADMINISTRATIVE OFFICE (IF MULTI-STATE, PLEASE PROVIDE ONE FOR EACH STATE):

HOTEL OPTIONS (PLEASE PROVIDE 2 IF POSSIBLE)

- NEAR ADMINISTRATIVE OFFICE: _____
- NEAR EACH CENTER LOCATION: _____

IS THERE ANYTHING ELSE THAT MIGHT ASSIST IN TRAVEL PLANNING? _____

PART IV: Certification Attestation

ATTESTATION THAT ALL APPLYING CLINICS MEETING THE FOLLOWING CRITERIA

PLEASE INDICATE IF CENTERS WILL BE RECEIVING DIFFERENT CATEGORY STATUS DUE TO VARYING STAFFING MODELS FROM SITE TO SITE: YES NO

- Category 1 = licensed physician (MD/DO) on site during all posted hours of operation
- Category 2 = licensed provider (MD/DO/NP/PA) on site during all posted hours of operation (mixed model)

All facilities, regardless of staffing model, must meet or exceed all of the minimum criteria below. PLEASE CHECK EACH TO CONFIRM

Facility must accept and advertise that walk-in patients of all ages are accepted for a broad spectrum of illness, injury and disease during all hours the facility is open to see patients.

Pediatric specialty centers are exempt from above age requirement IF pediatric-only specialization is included in the name of the facility.

The following must be available during all posted hours of operation for the facility:

X-ray on site
The following changes to X-ray requirement will be effective as of January 1, 2018: X-ray on site (as specified by state) On-site radiological equipment (imaging modality to perform chest x-rays, c spines, long bone films, abdomen, extremities, etc) that is easily interpretable and archivable.

Phlebotomy services on site

Licensed provider on site with the appropriate state licenses and resources to:

- Obtain and read an EKG and x-ray on site
- Administer PO, IM & IV medication/fluids on site
- Perform minor procedures (sutures, cyst removal, incision & drainage, splinting) on site

The following equipment and staff trained in its use:

- Automated external defibrillator (AED) (or more advanced device)
- Oxygen, ambu-bag/oral airway
- Drug cart stocked appropriately for patient population (as determined by the facility)
- Working phone to dial 911

At least two exam rooms, separate waiting area and restricted access patient restrooms

Minimum hours of operation (must meet all three criteria)

- 7 days/week (not including national holidays)
- 4+ hours each day
- 3000 hours per year

Alternatively, special circumstances will be considered for a facility if all the following are met (PLEASE NOTE IF ANY APPLICANT SITES ARE SEEKING THIS SPECIAL CIRCUMSTANCE EXEMPTION):

- Facility is part of a multi-center system
- Facility is open 5+ days/week (not including national holidays)
- Another facility that is part of the same system meets standard minimum hours of operation criteria [noted above] AND is less than or equal to five miles away

The Certification Committee at its sole discretion may make an occasional exception for “certain religious holidays” only on a “case by case basis,” as long as it does not affect the overall purpose of the facility to be open year round, 7 days a week and accepting walk-in patients of all ages without appointment.

Facility must have a licensed physician designated as Medical Director for the facility who is responsible for overall clinical quality.

Facility must provide medical care and perform business activities in an ethical manner.

PART V

Medical Director Signature Required

As the Chief Medical Director of this organization, I hereby attest that this organization and those of its facilities applying for UCAOA Accreditation agree to abide by the UCAOA Accreditation Standards for the duration of our accredited term.

Submitted by _____ Date: _____
Chief Medical Director/Officer Signature

Primary Contact Person’s Signature Required

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 UCAOA Accreditation and CUC certification programs, on behalf of the applicant, and (b) is authorized to sign this application, make sure representations, warranties and agreements on behalf of the applicant.

Submitted by _____ Date: _____
Primary Contact Person’s Signature

Primary Contact Person’s Initials required for each of the following statements:

_____ I acknowledge that I have received and reviewed a copy of [Your Guide to Success: The Accreditation & Re-Accreditation Process](#) document that contains information about the accreditation process and its policies.

_____ I acknowledge that in addition to the application fee, my organization is responsible for reimbursing the surveyor(s)’ travel expenses (e.g., coach airfare, car rental, hotel, meals, etc) after the onsite survey visit regardless of the final decision of the Committee regarding accreditation. I understand that my organization will be invoiced for these travel expenses separately after the survey and that no designation may be awarded until all applicable fees are paid.

_____ I acknowledge that the Accreditation Committee reserves the right to resurvey the organization depending on the initial survey findings. Should this occur, it is the responsibility of my organization to submit a new Accreditation application and appropriate application fees for this resurvey.

_____ I agree to the Terms and Conditions below.

Terms and Conditions

Fees: Fees are paid upon application and at three-year renewals. There are no annual fees to maintain the designation. Applications fees are determined by: 1) the applying organization's UCAOA membership status, 2) the number of centers to be accredited and 3) whether the applying organization already holds a current Joint Commission Accreditation status under the Joint Commission's Ambulatory Health Care Standards and/or UCAOA certification.

A UCAOA Clinic Membership is required for the duration of accreditation and/or certification to receive the member rate. A current pricing grid may be found on the UCAOA website.

Applications with incomplete, expired or incorrect documentation will be returned in full to the applying organization so that the application may be correctly resubmitted at a later date. Applications fees will not be refunded.

Please note that in addition to this application fee, the applying organization will also be responsible for reimbursing the surveyor(s)'s travel expenses (e.g., coach airfare, car rental, hotel, meals, etc) after the onsite survey visit regardless of the final decision of the Committee regarding accreditation. The applicant will be invoiced for these travel expenses separately after the survey. No designation may be awarded until all applicable fees are paid.

The Accreditation Committee reserves the right to resurvey the organization depending on the initial survey findings. It is the responsibility of the applying organization to submit a new Accreditation application and appropriate application fees for this resurvey.

Early Accreditation: Organizations may seek accreditation up to 6 months prior to opening their first clinic (startup organization). An attestation is available for a senior level officer to complete (with notary) attesting that the new location will meet all of the standards for accreditation and certification at the time it opens. Additionally, the organization must submit the appropriate application and associate fees 45-60 days prior to opening. Prior to opening, an on-site survey must be scheduled 30 – 60 days after anticipated opening. If the survey has not been scheduled and the organization desires to withdraw the application, the Accreditation status will be lost and the organization will forfeit the full amount paid as well as any non-reimbursable expenses including travel arrangements already made. If opening is delayed and surveyor travel has already been scheduled (airfare booked), any travel related change fee would be covered by the organization. Please note: pricing for an early opening accreditation application includes a \$200 surcharge for each site.

Withdrawal of Application prior to scheduling a survey: An organization may voluntarily withdraw from the accreditation process at any time prior to scheduling a survey and will forfeit its full application fee.

Canceling a confirmed survey: Canceling a confirmed survey will result in forfeiture of the full application fee, and the applicant will be responsible for any non-reimbursable expenses including travel arrangements already made.

Other Terms

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

Interpretation: UCAOA, as a private no-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 its accreditation and/or certification designations 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 UCAOA Accreditation or Certified Urgent Care certification program(s). 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 UCAOA Accreditation and/or Certification programs or any decision not to grant accreditation and/or 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 BY 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 THE 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 partially 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 facilities for which UCAOA has provided an Accreditation and/or CUC certification designation; (ii) any decision by UCAOA to grant or deny an Accreditation and/or CUC certification 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 reasonable 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 insurers to subrogate against Indemnified Parties.

THANK YOU FOR YOUR UCAOA ACCREDITATION APPLICATION. A MEMBER OF UCAOA'S STAFF OR ITS ACCREDITATION/CERTIFICATION COMMITTEE WILL BE IN CONTACT WITH YOU.