



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