

Urgent Care Center Certification Criteria

Facilities will receive a Certification of Category 1 or Category 2 depending on their staffing model:

Category 1 = licensed physician (MD/DO) on site during all posted hours of operation

Category 2 = licensed practitioner (MD/DO or NP, PA) on site during all posted hours of operation (mixed models)

All facilities, regardless of staffing model, must meet or exceed all of the criteria below.

1. 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.
2. The following must be available during all posted hours of operation for the facility:
 - X-ray on site
 - 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 (ex. sutures, cyst removal, incision & drainage, splinting) on site
 - The following equipment, and staff trained in its use:
 - automated external defibrillator (AED)
 - 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
3. Minimum hours of operation (must meet all three criteria)
 - 7 days/week (not including national holidays)
 - 4+ hours each day
 - 3000 hours per year

NOTE: Alternatively, special circumstances will be considered for a facility if all of the following are met:

- 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 [Criteria 3] AND is less than or equal to five miles away
4. Facility must have a licensed physician designated as Medical Director for the facility who is responsible for overall clinical quality.

ELIGIBILITY

Certain facilities and practice types are unlikely to meet all of the above criteria and therefore would be excluded from eligibility for certification as an urgent care center. These facilities should use extreme caution when applying, as fees are not refundable:

- Retail or similar clinic with limited scope of service located within a pharmacy, supermarket or similar retail facility
- Physician offices with only selected hours for walk-ins
- Chiropractic offices
- Pain clinics
- Centers not yet open to see patients

NOTE: In states with legal restrictions on using the term "urgent care", facilities will be issued Certified Immediate Care designations.

Additional information online at www.ucaoa.org/certification

Urgent Care Center Certification Application

Facility Name _____

Contact Person _____

Facility Address _____

Title _____

Email _____

Facility Website _____

Signature _____

Facility Phone Number (____) _____

Total Amount of Additional Sites in Application: _____

Is this a subsequent site(s) application? Yes No

Name of current certified facility _____

See ucaoa.org/certification for subsequent site info

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.

Certification Category (choose only one)

- Category 1 – MD or DO on-site during all hours of operation
- Category 2 – MD or DO or NP or PA on-site during all hours of operation
- Neither of the above – staffing model varies
(This will result in a negative certification decision: recommend against applying)

Is this site accredited under The Joint Commission Ambulatory Care/Urgent Care Standards or as a department of a hospital?

Yes No (does not affect certification)

Include the following supporting documentation with your application

- 1. Business license or certificate of occupancy for this facility
- 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
 - 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 included in this application or have previously received certification)
- 4. Copy of current inspection certificate for x-ray equipment
- 5. Copy of current laboratory licensure
- 6. Organizational chart including names of all current facility staff and providers with credentials
- 7. Copy of facility floor plan with clear indications of locations of exam rooms, treatment rooms (if separate), patient restrooms, x-ray, laboratory, AED/defibrillator, oxygen and drug cart
- 8. Photos of AED/defibrillator, oxygen equipment and drug cart
- 9. List of all medications and equipment contained in drug cart
- 10. Copy of recent advertisement, flyer or similar marketing piece for this facility (billboard photos accepted)
- 11. Description of patient population and area served by this facility
- 12. Description of role of medical director for this facility

Additional Sites

- Additional sites are facilities fully owned by the facility listed above, or part of the same singly owned system as the facility listed above or similar multi-center business model.
- Certification is evaluated and provided per site. Approval of one site does not imply approval of any other site.

Supporting Documentation for Each Additional Site:

- One typed list including the following:
 - o Facility name, owner name, address, phone number and web site
 - o Facility contact person and e-mail address
 - o Staffing model (category 1 or category 2)
- Business license or certificate of occupancy for this facility
- Organizational chart including names of all current facility staff and providers with credentials
- Copy of facility floor plan with clear indications of locations of exam rooms, treatment rooms (if separate), patient restrooms, x-ray, laboratory, AED/defibrillator, oxygen and drug cart

Additional materials may be requested following review of application. No additional fees will be incurred.

Fees

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

	MEMBERS	NON-MEMBERS
APPLICATION FEE FOR ONE SITE	\$275	\$550
FEE FOR EACH ADDITIONAL SITE	\$25	\$50

Please ensure that your application is complete, including all requested materials, to avoid delays with a certification decision. 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.

Application materials and references should be mailed to:

UCAOA - Urgent Care Certification Review
4320 Winfield Road, Suite 200, Warrenville, IL 60555