

Urgent Care Center Certification Application

Facility Name _____
Facility Address _____
Facility Website _____
Facility Phone Number (____) _____

Contact Person _____
Title _____
Email _____
Signature _____

Use this page as a cover sheet and checklist for your application. Applications with incomplete, expired, or incorrect supporting documentation will be returned in full to the applying center so that the application may be correctly re-submitted at a later date. Application fees will not be refunded and original application deadlines will still apply. Please review all of your materials carefully prior to submitting. All materials will be kept confidential except if required by law or court proceedings.

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 otherUCAOA 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’s or DO’s on-site during all hours of operation
- Category 2 – MD’s or DO’s or NP’s or PA’s 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. Copy of business license 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 certified or have an application in process)
- 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 (“MD”, “DO”, “NP”, etc.)
- 7. Copy of facility floor plan with clear indications of locations of exam rooms, treatment rooms (if separate), patient restrooms, x-ray, laboratory, AED, oxygen and drug cart
- 8. Photos of AED, 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
- 13. Copy of active, unrestricted license for center’s Medical Director.

Medical Director Signature Required

As the Medical Director of this facility, I hereby attest that licenses for all providers at this center have been reviewed and these providers obtain active, unrestricted licenses to practice in the state where this facility is located as of this date.

signature _____
date

As the Medical Director of this facility, I hereby attest that I have read and this facility agrees to abide by the Code of Ethics on theUCAOA website at www.ucaoa.org/CUCethics.pdf for Certified Urgent Care Centers for the duration of our Certification Term.

signature _____
date

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

	MEMBERS	NON-MEMBERS
APPLICATION FEE PER SITE	\$275	\$550

Application fees are \$275 or \$550 PER SITE for the first 10 sites owned by a single entity. All sites after the 10th site will receive a 20% discount assuming the application for the 11th+ sites are received while the original 10 sites are still certified.

Applications with incomplete, expired, or incorrect supporting documentation will be returned in full to the applying center so that the application may be correctly re-submitted at a later date. Application fees will not be refunded and original application deadlines will still apply. Please review all of your materials carefully prior to submitting. 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