

OWNERSHIP CHANGE OR OWNERSHIP INFORMATION CHANGE CHECKLIST



Accreditation Commission for Health Care (ACHC) requires organizations to provide written notification for any change of ownership or ownership information change of 5% or greater. Failure to notify ACHC within 30 days of the change may result in a gap in accreditation.

The following items must be submitted to the organization's ACHC Account Advisor by the proposed new owner:

Letter of Attestation

Include the following:

- Type of change (e.g., acquisition, merger, consolidation, etc.).
- Details of all changes, such as new management, and a list of new contacts that includes:
 - Owner, leader, and liaison.
 - Names, phone numbers, and email addresses.
- Actual or proposed date of change.
- Statement that policies and procedures will not change, or statement that policies and procedures are changing (include copies of revised P&Ps for key standards).
- List of old and new Federal Tax ID numbers and National Provider Identifier (NPI) numbers (if applicable).

Documentation

Include the following:

- Completed Location Information form.
- Completed State Licensure Verification form.
- Proof that new owners/managers/organization is not on the Office of Inspector General's (OIG) exclusion list (web site: <http://exclusions.oig.hhs.gov/>).
- Pretransaction and post transaction organizational charts.

Submitted information will be reviewed, and accreditation will be determined based on the date the approved documentation was received.

If a survey is required, the normal survey scheduling process and fees will apply. If it is determined a survey is not necessary, the organization will be charged based upon the signed accreditation agreement.

If the organization is found to have substantial deficiencies during the survey, a plan of correction will be required and/or a follow up focus survey may be required.

Contact Name: _____

Contact Phone/Email: _____

Main Location Information

Legal Name: _____

DBA Name: _____

Location Phone: _____ Location Fax: _____

Federal Tax ID #: _____ NPI # for this location: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Hours of Operation: _____

Date Location Established: _____ Number of Employees: _____

Contact Details

Name: _____

Title: _____

Email: _____

Name to display on accreditation certificate (Select only one)

Legal Name DBA Name Both Legal and DBA Name

Please select the services that are being provided from this location:

- Sterile Compounding Ref. USP <797> (CFST)
Average number of preparations compounded per month _____
- Non-Sterile Compounding Ref. USP <795> (CFNS)
Average number of preparations compounded per month _____
- Hazardous Drug Handling (HDPCAB)
Must be achieved in combination with sterile or nonsterile compounding.

Does the pharmacy have a clean room? Yes No

Number of clean rooms? _____

State Licensure Verification

Main Location Name: _____

Address: _____

Please mark the state(s) in which the location supplies compounded preparations. Include a license number for each state with a licensure requirement. If a state's Board of Pharmacy does not require licensure, please mark as "N/A." If exempt from state licensure, please mark as "Exempt." This includes delivery and shipping services as an out of state supplier.

Please Note: In order to complete this request, you must provide this information and have applicable state licenses on file.

State	Supply in State	License Number
Alabama	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Alaska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
American Samoa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arizona	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arkansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
California	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Colorado	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Connecticut	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Delaware	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Florida	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Georgia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Guam	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Hawaii	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Idaho	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Illinois	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Indiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Iowa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Kansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Kentucky	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Louisiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Maine	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Maryland	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Massachusetts	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Michigan	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:

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State	Supply in State	License Number
Minnesota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Mississippi	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Missouri	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Montana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nebraska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nevada	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Hampshire	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Jersey	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Mexico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New York	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
N. Mariana Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Ohio	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oklahoma	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oregon	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Rhode Island	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Tennessee	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Texas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Utah	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Vermont	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Washington	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
West Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wisconsin	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wyoming	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #: