CHANGE OF LOCATION REQUEST

Legal Name: _____ DBA Name: _____

Federal Tax ID: _____ Contact: _____

Email: _____ Phone: _____ Fax: _____

Current Physical Address:

Address: _____

City: _____ State: _____ Zip: _____

New Physical Address:

Address: _____

City: _____ State: _____ Zip: _____

Effective Date of Change: _____

Attestation Statement: I _____, hereby certify that all of the information on this request is true and correct. I certify the following:

- This change is in compliance with all PCAB standards and state, federal, and local rules and regulations.
- This location follows the policies and procedures surveyed during the initial visit.
- The new physical location is appropriately equipped to provide services to clients/patients in a timely manner.
- The applicable state licensing board has been informed of this change of location.

Signature _____ Date _____

Title _____

ACHC will conduct an unannounced survey prior to approving the location change. The organization will be charged the customary site visit fee.

For ACHC Internal Use Only

ACHC Approval _____ Date _____

Company ID # _____ Application # _____

Site visit required ☐ YES ☐ NO FEE _____