



Accredited organizations are required to submit this form within 30 days of completion of any material changes. This includes, but is not limited to, change in ownership, change of corporate name, change of address, and addition or closure of sites, as well as any claim, proceeding, or investigation by a government or regulatory entity. If there is a current ongoing legal investigation, please notify us and provide a final determination. We may investigate this matter further through our compliance or disciplinary system.

Accreditation is non-transferable. That said, BHCOE recognizes that mergers, acquisitions, and sales are occurring in the health care industry daily. Please delineate this change below and include supporting information. BHCOE reserves the right to review the supporting information and determine next steps based on the unique circumstances of individual situations.

Company Information on File with BHCOE

Company Name:

Ownership:

Address:

Phone:

Incorporation Status: LLC S-Corp C-Corp 501(c)3

Location of Services Provider:

Home-Based

Center-Based

School-Based

Other:

Type of Change (check all that apply)

- Change in leadership (e.g., Owner, CEO, CFO, CCO, CHRO)
- Any change in legal status, control, or ownership of the organization
- Change of corporate name
- Change of address
- Closure of the organization
- The addition of services that represent a significant departure, either in content or method of delivery, from those that were offered when the organization was last evaluated.
- Adding a location in the same or new geographic region apart from the locations in place when the organization was last evaluated.
- Acquisition of another organization.
- A claim, proceeding, or investigation by a government or regulatory entity.

Updated Information

Change in Leadership

Specify Type of Change (e.g., Owner, CEO, CFO, CCO, CHRO):

Name of New Leadership Member:

Change in Legal Status

Incorporation Status: LLC S-Corp C-Corp 501(c)3

Ownership:



Change of Corporate Name

Company Name:

Change of Address/Contact Information

Address:

Phone:

Closure

List organization and/or individual sites that have been closed:

Give additional details regarding the reason for the closure:

Addition of Services

Please describe the services added and locations/sites where these services are offered:

Location of Services Provided: Home-Based Center-Based School-Based

Other:

Addition of Sites

Please list additional sites:

Updated Total Site List

Please list the total number of offices your organization operates.

(Please include any subsidiary organizations below. Add additional pages as needed.)

Office Name	State	Region	# of Staff	# of Active Clients

Mergers, Acquisitions, and Sales Information (submit documentation)

- Merger
- Acquisition
- Sales Information

Explanation:

Description of submitted documentation:

Reporting a Claim, Proceeding, Investigation

- ongoing claim
- proceeding
- investigation by a government or regulatory entity
- other

Explanation:



Attached Documentation Description:

I attest by my signature below that the above organizational information is true and correct. My signature signifies that I have received, read, and affirm that the information set forth above is true, correct, and complete to the best of my knowledge.

ACCEPTED AND AGREED:

Organization Name:

Date:

By:

Title:

Signature:

Please send to compliance@bhcoe.org