

Alabama Department of Public Health  
Bureau of Health Provider Standards  
Division of Managed Care Compliance  
201 Monroe Street, Suite 710  
Montgomery, AL 36104  
(334) 206-5366

## Renewal Application for URAC Accredited Agents

**Important: A separate renewal application is required for each additional physical site other than the location listed below. After submission, notify this office within 30 days of any changes to required information.**

<b>Name of Organization:</b> _____	<b>D/B/A (if applicable):</b> _____
<b>Home/Corporate Address:</b> _____	<b>Business Hours:</b> _____
<b>Site Address:(if different):</b> _____	<b>Telephone #:</b> _____

### CONTACT INFORMATION:

Name & Title of Person to contact regarding this renewal: \_\_\_\_\_

Mailing Address (related to this site if different from above):  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### ADDENDUM:

*I certify that the organization above is currently accredited by URAC and the certification of accreditation is in good standing.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(Must be a senior official of the organization)

### AFFIRMATION:

Sworn to and subscribed before me this day of \_\_\_\_\_

Notary Public \_\_\_\_\_

Attachments: Copy of Current URAC Accreditation Certification or  
Letter from URAC if accreditation is in process of renewal and  
Attachment A (Additional UR Sites)