

ChiroCare Centers of Excellence

ATTESTATIONS to Clinic Application submitted by: _____
(Name of Clinic on attached Application)

By signing and submitting this application, you certify your understanding and acceptance of each of these items. Attestation of these criteria is required for designation as a ChiroCare Center of Excellence.

As an authorized representative of the clinic, I attest that _____:
(name of Clinic)

1. understands that all DC's listed must remain as a participating provider in the ChiroCare network while employed at this Clinic;
2. will follow standard chiropractic guidelines, consistent with current spine care best practices as outlined by ICSI and consistent with the Council of Chiropractic Guidelines Practice Parameters (CCGPP);
3. agrees to cooperate with monitoring activities outlined in the Program Description to confirm ongoing concurrence with ChiroCare Center of Excellence standards;
4. fully understands that any misstatements in or omissions from this application will constitute cause for rejection of this application for designation as a ChiroCare Center of Excellence. You hereby affirm that the information furnished by you to Chiropractic Care of Minnesota, Inc. is true and complete to the best of your knowledge. You further understand and agree that receipt of this application by ChiroCare does not constitute a designation as a ChiroCare Center of Excellence until such time as you receive written notice of approval and correspondence confirming your designation as a ChiroCare Center of Excellence.
5. has read the ChiroCare **Centers of Excellence Program Description** and **Attributes of Excellence in Chiropractic Care Management** documents and agrees to follow the procedures described within.
6. understands that if the clinic is approved for designation as a ChiroCare Center of Excellence, failure to maintain any of the above requirements will result in loss of this designation;
7. agrees that Fulcrum reserves the right to cancel this designation for any reason or no reason.

(Signature)

(Date)

(Printed Name)

(Title)