

FACILITY NAME/  
OWNERSHIP CHANGE FORM

Check the appropriate box(es):

Submit this form by e-mail to: [CoC@facs.org](mailto:CoC@facs.org)

My Facility has a New Name

My Facility has a New Owner

Prior Facility Name:

New Facility Name:

Prior Facility Owner:

New Facility Owner:

Effective Date of Change:

CoC Facility ID # (CoC Cancer Program ID#)

Federal Employee ID # (FEIN):  
(Federal Tax ID Number)

Is this a new FEIN number?

Yes \*

No

*\*Please note: If you have a new/different FEIN number, you must complete and submit a new BAA/DUA. Please access this link to initiate the process: <https://www.facs.org/quality-programs/about/resources/baa>. Please contact [baa@facs.org](mailto:baa@facs.org) with questions or concerns regarding your BAA.*

Name of Cancer Program Administrator:  
(or other official approving this change)

Title:

E-mail Address:

Telephone Number:

Street Address:

City :

State:

Zip Code:

Cancer Center Website:

Name of Person Completing the Form (if different than above):

Title:

E-mail Address:

Comments: