

HEALTH CLINIC LICENSE/APPLICATION GUIDANCE DOCUMENT: HELPFUL HINTS

APPLICATION: needs to be **complete** and **accurate**.

We need original signatures so these forms need to be submitted to the Department via mail or delivery.

NOTE: Please include the name and contact information of a person that the Department can contact if we have questions about information submitted.

RENEWAL applications. A copy of a renewal application will be mailed to the facility approximately mid-November each year. Please review the previous years' information for accuracy and needed corrections.

Type of health clinic needs to be accurately checked.

Name of facility. This needs to be the **LEGAL** name of the facility.

- IF there is a **DBA** name, please include that **AFTER** the legal name.
- The name listed on the license is restricted to 50 characters or less.

Names of person in 'control' of the facility. We need the current names and addresses. This includes:

- Individual owners
- Partners
- Limited Liability members
- Parent Companies
- Members of Boards of Directors owning or managing the operations
- Any other persons with financial interests or investments in the facility.
- For publically held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock.

Ambulatory Surgical Centers. Make sure the number of operating rooms/procedure rooms is accurate.

- **Renewal applications** – make sure the renewal fee worksheet is included and the information is correct.
- **Accreditation/Certification status.** Make sure the information is accurate. If the AO is not listed on the form, please write in the name.

Outpatient locations.

- **Initial applications** - please list all outpatient locations where patient services will be provided. **NOTE:** addresses of these locations must be complete and accurate, including suite #s, room #s, etc.
- **Renewal applications** – review the previous year's information and make any corrections.

Occupancy Certificate. This is from the State Fire Marshal's office OR delegated authority (not the City Offices).

- Submit one for each outpatient location.
- The facility name, facility type, address (including suite/room numbers) must match the information on the application.
- **Renewal applications** – these need to be dated within 18 months of the expiration date of the previous license issued by the Department.

Business Organization. Make sure you check the 'type' of business as well as either the profit **or** nonprofit box.

Signatures. Make sure the signatures meet the statutory requirements for the type of ownership/corporation/governmental status of the facility.

- **Individual or partnership** – requires 1 signature of the owner.
- **Limited Liability Company** – requires 2 signatures of 2 of the members.
- **Corporation** – requires 2 signatures of 2 of the corporate officers.
- **Governmental Unit** – requires 1 signature of the head of the unit having jurisdiction over the facility.