



This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Check one:
[] Initial License
[] Change of Location
[] Change of Ownership

HEALTH CLINIC LICENSURE APPLICATION

HEALTH CLINIC TYPE: Please Check
[] Ambulatory Surgical Center
[] Public Health Clinic
[] Facility providing labor & delivery services
[] Facility providing 10 or more abortions per week
[] Facility providing hemodialysis services
[] Other (please specify)

IDENTIFYING INFORMATION

1. NAME OF FACILITY:
2. ADDRESS: (Street Address, City, Zip)
3. TELEPHONE NUMBER: (Area Code) FAX: (Area Code)
4. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: (If Not Individual)
5. ADMINISTRATOR:
6. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
7. PLANNED OCCUPANCY DATE:
8. ONLY APPLICABLE FOR AMBULATORY SURGICAL CENTERS-NUMBER OF OPERATING/PROCEDURE ROOMS
9. ACCREDITATION/CERTIFICATION: (Check if applicable) [] JCAHO [] Accreditation Association of Ambulatory Health Care [] Medicare/Medicaid

OWNERSHIP INFORMATION

10. OWNERSHIP OF FACILITY: (Legal Name of Individual or Business Organization) ADDRESS: (Street Address, City, Zip)
11. MAILING ADDRESS OF OWNERSHIP: (If Different Than Above)
12. BUSINESS ORGANIZATION: (Check one)
[] Sole Proprietorship [] Partnership (check one) [] Profit [] Non Profit
[] Limited Partnership [] Corporation
[] Limited Liability Company
[] Governmental (Check one) [] State [] District [] County [] City or Municipal
[] Other (Please Specify)

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Authorized Representative – Type or Print Signature Date
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