

## HOSPITAL 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-October each year. Please review the previous years' information for accuracy and needed corrections.

**Type of hospital** needs to be accurately checked.

- Long term care hospitals are actually those hospitals that are providing skilled nursing facility services, NOT those that are federally certified as a long term acute care hospital.

**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.

**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.

**Fees.** Include the correct fee and worksheet.

- Make sure the information is accurate regarding the number of beds and number of surgeries performed.

**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.

**Accreditation/Certification.**

- Make sure this information is accurate and the correct box is checked if the facility wants to continue to have 'deemed' status.
- If the organization is not listed, but it is an approved AO by CMS, you can write that in. (Example. DNV is not listed, however, we do accept their accreditation information).

**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.