

APPLICATION FOR PERMIT TO OPERATE A TISSUE BANK OR EYE BANK
INSTRUCTIONS

- I. Read carefully and complete all portions of the application. Please type.
- II. Application for permit may be made by owner, administrative officer, managing agent, or member of the governing body who has responsibility for maintaining approved standards for the institution. Any changes are to be reported promptly to the address above.
- III. Permit fee, if applicable, must accompany the application. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH. No such fee shall be refunded.
- IV. The fee for a permit to operate a tissue bank is one thousand dollars (\$1000.00).
- V. No fee is required for a permit to operate an "existing eye bank" as defined at OAC 310:505-1-3. The fee for a permit to operate a "new eye bank" as defined at OAC 310:505-1-3 is one quarter of one percent (0.25%) of the capital cost of the proposed eye bank, with a minimum fee of five hundred dollars (\$500.00).
- VI. Indicate if this is an initial application or renewal application: Initial Application Renewal Application

TYPE OF INSTITUTION (check one): <input type="checkbox"/> Tissue Bank <input type="checkbox"/> Eye Bank	FEES	
	Tissue Bank Permit Fee	\$1000.00
	Initial Eye Bank Permit Fee (see above)	
	TOTAL FEE:	\$_____00

The undersigned hereby makes application for a permit to maintain a tissue bank or eye bank subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the State Board of Health for:

1. **NAME OF INSTITUTION**
 DBA _____

 Tel. No. () _____ - _____ Fax No. () _____ - _____ Permit No. _____
2. **Finding Address** _____
 (Number & Street)

 (City) (County) (State) (Zip)
4. **Mailing Address** _____
 (Number) (Street) (City) (County) (State) (Zip)
5. **Name and Title of Chief Executive Officer/Director** _____

6. **ADDITIONAL INFORMATION REQUIRED FROM EYE BANKS**
 - A. **All applicants for a permit to operate an eye bank shall submit the following information as an attachment:**
 - (1) Evidence of accreditation by the Eye Bank Association of American (EBAA) or another nationally recognized accreditation organization for eye banks approved by the Commissioner;
 - (2) The name of the Medical Director and evidence that he or she is currently licensed to practice medicine in Oklahoma; and
 - (3) The names and credentials of all technical operations personnel who meet the requirements of OAC 310:505-7-7, including evidence of current certification by the EBAA or another nationally recognized accrediting or certifying organization for eye banks and personnel approved by the Commissioner.
 - B. **Applicants for a permit to operate a new eye bank shall also submit the following information as an attachment:**
 - (1) A map or narrative description which identifies the proposed service area;
 - (2) A description of the eye and eye tissue needs in the proposed service area;
 - (3) An explanation of the probable impact of the new eye bank on existing eye banks providing services in the proposed service area;

FOR DEPARTMENT USE ONLY

Receipt # _____ Permit # _____ Certificate # _____

Amount \$ _____ Issued: _____

Date: _____ Expires: _____

Changes: _____

7. ADDITIONAL INFORMATION REQUIRED FROM TISSUE BANKS

A. All applicants for a permit to operate a tissue bank shall submit the following information as an attachment:

- (1) Evidence of accreditation by the American Association of Tissue Banks (AATB) or another nationally recognized accreditation organization for tissue agencies approved by the Commissioner;
- (2) The name of the Medical Director and evidence that he or she is currently licensed to practice medicine in Oklahoma; and
- (3) The names and credentials of all technical operations personnel who meet the requirements of OAC 310:505-5-7, including evidence of current certification by the AATB or another nationally recognized accrediting or certifying organization for tissue agencies and personnel approved by the Commissioner.

B. Applicants for a permit to operate a new tissue bank shall also submit the following information as an attachment:

- (1) A map or narrative description which identifies the proposed service area;
- (2) A description of the tissue transplantation needs in the proposed service area;
- (3) An explanation of the probable impact of the new tissue bank on existing tissue banks providing services in the proposed service area;

8. SIGNATURE OF APPLICANT(S)

Signature: _____ Signature: _____

Typed Name: _____ Typed Name: _____

Title or Position: _____ Title or Position: _____

Email Address: _____ Email Address: _____

Date: _____ Date: _____

9. AFFIDAVIT

STATE OF OKLAHOMA

County of _____

On this _____ day of _____ 20_____, before me personally appeared

_____ and _____

who after being duly sworn states, that to the best of _____ knowledge and belief, the statements in the foregoing application are true.

Subscribed and sworn to before me _____
(Notary Public, State of Oklahoma)

S-E-A-L

My commission expires: _____