

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health

Protective Health Services - 0505
 Medical Facilities
 1000 NE 10th Street
 Oklahoma City, OK 73117-1299
 Telephone: (405) 271-6576
 FAX: (405) 271-1308

APPLICATION FOR LICENSE TO OPERATE A HOSPITAL

INSTRUCTIONS

- I. Read carefully and complete all portions of the application. Please type.
- II. Application for license 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. License fee 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. License fee shall be calculated at ten dollars (\$10.00) per licensed bed, crib, and bassinet.
- IV. Complete and attach Form ODH 929 " Hospital Designation of Licensed Beds".
- V. Indicate if this is an initial application or renewal application: Initial Application Renewal Application

<p>Hospital Classification (check one):</p> <p><input type="checkbox"/> General Medical Surgical Hospital</p> <p><input type="checkbox"/> Specialized Hospital: Psychiatric</p> <p><input type="checkbox"/> Specialized Hospital: Rehabilitation</p> <p><input type="checkbox"/> Critical Access Hospital</p> <p><input type="checkbox"/> Birthing Center</p> <p><input type="checkbox"/> Emergency Hospital</p>	<p>Number of Licensed Beds, Cribs, and Bassinets</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Number of Licensed Beds:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Number of Licensed Cribs:</td> <td></td> </tr> <tr> <td>Number of Licensed Bassinets:</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL FEE: (total above x \$10.00)</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	Number of Licensed Beds:		Number of Licensed Cribs:		Number of Licensed Bassinets:		TOTAL:		TOTAL FEE: (total above x \$10.00)	\$ _____ .00
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Number of Licensed Cribs:											
Number of Licensed Bassinets:											
TOTAL:											
TOTAL FEE: (total above x \$10.00)	\$ _____ .00										

The undersigned hereby makes application for license to maintain a hospital 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** Tel. No. () _____ - _____ Fax No. () _____ - _____ License No. _____
 DBA _____
- 2. **Finding Address** _____
 (Number & Street)

 (City) (County) (State) (Zip)
- 3. **Finding Addresses of Additional Sites Under this License**
 (Number) (Street) (City) (County) (State) (Zip) (Telephone)
 - a) _____
 - b) _____
 - c) _____
 - d) _____
- 4. **Mailing Address** _____
 (Number) (Street) (City) (County) (State) (Zip)
- 5. **Name and Title of Chief Executive Officer/Director** _____
- 6. **Institution's Fiscal Year Ending Date** Month _____ Day _____

FOR DEPARTMENT USE ONLY

Receipt # _____ License # _____ Certificate # _____

Amount \$ _____ Issued: _____

Date: _____ Expires: _____

Changes: _____

7. OPERATING ENTITY

(Name of Entity)

(Business Address)

Governmental: State County City
 City/County Hospital Authority or District

Non-Governmental Not-for-Profit: Church Related Corporation Other (specify)

Non-Governmental For-Profit: Individual Partnership Corporation

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: _____