

**P
H
S**
**ROTECTIVE
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 AN ABORTION FACILITY

INSTRUCTIONS

- I. Read carefully and complete all portions of the application. Please type or print.
- II. Application for license must be made by the legal entity responsible for the operation of the abortion facility.
- 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. The fee for licensure of each facility shall be ten dollars (\$10.00) for each bed (procedure table, gurney or recovery bed that may be occupied by patients undergoing or recovering from abortions).

Number of Licensed Beds	
Number of Licensed Beds:	
TOTAL FEE: (total above x \$10.00)	\$ _____.00

- IV. **Any changes are to be reported promptly to the address above.**

The undersigned hereby makes application for license to operate an Abortion Facility 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:** _____ **License Number:** _____
 Telephone Number: () _____
 D.B.A. _____ FAX Number: () _____
- 2. **Finding Address** _____
 (Number & Street)

 (City) (County) (State) (Zip)
- 4. **Mailing Address** _____
 (Number) (Street) (City) (County) (State) (Zip)
- 5. **Name and Title of Administrator/Director:** _____
- 6. **Entity:** _____
 (Name of applicant responsible for the operation of the facility)

 (City) (County) (State) (Zip)
 Sole-proprietorship Partnership Corporation Limited Liability Company (LLC)
 Other: _____
- 7. **Indicate if this is an initial application or renewal application:** Initial Application Renewal Application

FOR DEPARTMENT USE ONLY

Receipt # _____

License # _____

Certificate # _____

Amount \$ _____

Issued: _____

Date: ____/____/____

Expires: ____/____/____

Changes: _____

8. ATTACHMENTS:

Applicants must include the following documents based on the type of application.

Initial Application:

- Application for License To Operate an Abortion Facility;
- Operational Program Narrative; and
- Scaled drawings of the facility construction.

Renewal Application:

- Application for License To Operate an Abortion Facility;
- Operational Program Narrative Update.

8. SIGNATURE OF APPLICANT(S)

Signature: _____

Signature: _____

Typed Name: _____

Typed Name: _____

Title or Position: _____

Title or Position: _____

E-mail Address: _____

E-mail Address: _____

Date: ____/____/____

Date: ____/____/____

9. AFFIDAVIT

STATE OF OKLAHOMA

County of _____

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

_____ and _____

whose identity is personally known to me (or proved to me on the basis of satisfactory evidence) and who by me duly sworn (or affirmed), did say that to the best of his/her knowledge and belief, the statements in the foregoing application are true and correct and the he/she acknowledged the he/she executed it.

Subscribed and sworn to before me _____

(Notary Public)

My Commission Expires: ____/____/____