

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health

Protective Health Services
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 AMBULATORY SURGICAL CENTER

INSTRUCTIONS

- I. Read carefully and complete all portions of the application. Please print or 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. Initial license fee of two thousand dollars (\$2000.00) or Renewal license fee of five hundred dollars (\$500.00) 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. Indicate if this is an initial application or renewal application:
 - Initial Application --\$2,000.00
 - Renewal Application-- \$500.00

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. **Mailing Address** _____
(Number & Street)

(City) (County) (State) (Zip)

4. **Name and Title of Chief Executive Officer/Director** _____

5. **Institution's Fiscal Year Ending Date** Month _____ Day _____

Hours of Operation: Please indicate the hours of operation the address listed on your application.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (AM) :							
To (PM) :							

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. Privileges to Transfer and Admit to General Hospitals

Acknowledge that the ambulatory surgical center:

Has a formal transfer agreement with a general hospital, as defined in Section 1-701 of Title 63 of the Oklahoma Statutes, located not more than a twenty-minute travel distance from the center,

Name(s) of general hospital(s) with which this facility has transfer agreement(s):

a) _____

b) _____

OR

All physicians performing surgery in the ambulatory surgical center have admitting privileges at a general hospital, located not more than a twenty-minute travel distance from the center.

9. *The undersigned hereby makes application for license to maintain an Ambulatory Surgery Center (ASC) subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the Oklahoma State Board of Health. By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief.*

SIGNATURE OF APPLICANT(S)

Signature: _____

Signature: _____

Typed Name: _____

Typed Name: _____

Title or Position: _____

Title or Position: _____

Email address: _____

Email address: _____

Date: _____

Date: _____

All REQUIRED FEES should be submitted directly to Financial Management at the post office box listed below. Please do not submit fees to the Medical Facilities Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the facility which the payment is associated and be mailed to:

**Oklahoma State Department of Health
Protective Health Services
Medical Facilities
P.O. Box 268823
Oklahoma City, OK 73126-8823**

FOR DEPARTMENT USE ONLY

Receipt # _____

License # _____

Certificate # _____

Amount \$ _____

Issued: _____

Date: _____

Expires: _____

Changes: _____
