



Medical Facilities
Protective Health Services

Oklahoma State
Department of Health

Oklahoma State Department of Health
Medical Facilities Service
ATTN: Financial Mgmt – Receipting Unit
PO Box 268823
Oklahoma City, OK 73126-8823
Telephone: (405) 271-6576
Fax: (405) 271-1141

APPLICATION FOR LICENSE TO OPERATE A HOSPICE

INSTRUCTIONS

- Read carefully and complete all portions of the application. PLEASE TYPE OR PRINT NEATLY.
- Application for license may be made by the owner, administrative officer, managing agent, or member of the governing body who has responsibility for maintaining approved standards for the institution.
- License fee must accompany the Application and be mailed to the following:**
OSDH, ATTN: Financial Management-Receipts Unit, PO BOX 268823, Oklahoma City, OK 73126-8823.
- Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH. OAC 310: 661-2-3. "The effective date shall be the date a complete application and fee are received. All fees shall be non-refundable." License fee shall be determined according to the following table:

HOSPICE FEE (Check one)			
___	Initial License & Application Fee	\$2,000.00	
___	Permanent License Fee	\$2,000.00	License # _____
___	Renewal License Fee	\$2,000.00	License # _____
___	Initial, Renewal for each Alternate Administrative Office (AAO)	\$500.00	\$500.0 x ___ = _____ List on item #2 below.
___	Change of Ownership (CHOW) If CHOW, former hospice name & location: _____	\$2,000.00	License # _____ Effective Date: ___/___/___
___	Change of Information (CHOI)	No Fee	License # _____ Effective Date: ___/___/___

- Initial Applications must include proof of sufficient financial ability to operate, a narrative summary and a plan of delivery.**
- Renewal Applications must include an updated plan of delivery or a statement that the plan of delivery has not changed.
- Any changes are to be reported promptly to Medical Facilities Services at the following address:**
OSDH, Medical Facilities Service, 1000 NE 10th Street, Oklahoma City, OK 73117-1299

The undersigned hereby makes application for license to maintain a hospice subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the State Board of Health.

- OPERATING ENTITY: (Name of organization responsible for the operation of the agency) License will be issued in this name.**

Telephone: (____) _____

FAX No: (____) _____

(Name)

D.B.A. (If agency operates under another name): _____

NOTE: Attach a copy of the Trade Name Report from the Oklahoma Secretary of State's Office, if applicable.

Location Address: _____
(Number & Street) (City) (County) (State) (Zip)

Mailing Address: _____
(Number & Street) (City) (County) (State) (Zip)

EMAIL Address: _____

2. **Location Addresses of Alternate Administrative Office(s) operating under this License:** (If additional space is needed, please provide the required information on an 8.5" x 11.0" attachment. Please number the response (2).

a) _____
(Number & Street) (City) (County) (State) (Zip)
Telephone No. (____) _____ (Fax) (____) _____

b) _____
(Number & Street) (City) (County) (State) (Zip)
Telephone No. (____) _____ (Fax) (____) _____

c) _____
(Number & Street) (City) (County) (State) (Zip)
Telephone No. (____) _____ (Fax) (____) _____

3. **NAME OF HOSPICE ADMINISTRATOR:** _____
Administrator's Email Address: _____

4. **NAME OF HOSPICE PATIENT CARE COORDINATOR (PCC):** _____
License Number: _____ (Attach a copy of license verification)

5. **NAME OF MEDICAL DIRECTOR:** _____

6. **FISCAL YEAR ENDING DATE:** ____/____
(Month/Day)

7. **OWNERSHIP OF HOSPICE – NAME OF ENTITY.** Please provide below: the name, mailing and finding address of every stockholder (individuals or corporations) with at least 5 percent (5%) ownership interest in the hospice. If additional space is needed, please provide the required information on an 8.5" x 11.0" attachment. Please number the response (7).

Name: _____ Percent of Ownership (%)
Finding Address: _____
Mailing Address: _____

Name: _____ Percent of Ownership (%)
Finding Address: _____
Mailing Address: _____

Name: _____ Percent of Ownership (%)
Finding Address: _____
Mailing Address: _____

8. **RENEWAL OR PERMANENT ONLY:** Please indicate if your plan of delivery has changed. ____NO ____YES. If yes, please provide a narrative update explaining how your plan of delivery has changed. Please number response (8).

9. **TYPE OF CONTROL:**
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 ____ L.L.C. ____ Other (specify) ____

10. **BOARD OF DIRECTORS.** Attach as an enclosure the Names and Mailing Addresses of each member of the Board of Directors and number the response (10).

11. **SERVICES PROVIDED:** Attach as an enclosure the Name and mailing address of each contracted service. Indicate the type of services provided for in each contract and number the response (11).

12. **ACCREDITATION DEEMED STATUS:** Is your agency seeking accreditation or deemed certification? ____NO ____YES
If yes, please indicate below:

Accredited by: Joint Commission ____ CHAP ____ ACHC ____ Date of expiration: _____

Deemed by: Joint Commission ____ CHAP ____ ACHC ____ Date of expiration: _____

13. **HOSPICE GEOGRAPHIC AREA.** Please check the circle below of all counties in geographic service area.

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="radio"/> 01 Adair | <input type="radio"/> 21 Delaware | <input type="radio"/> 41 Lincoln | <input type="radio"/> 61 Pittsburg |
| <input type="radio"/> 02 Alfalfa | <input type="radio"/> 22 Dewey | <input type="radio"/> 42 Logan | <input type="radio"/> 62 Pontotoc |
| <input type="radio"/> 03 Atoka | <input type="radio"/> 23 Ellis | <input type="radio"/> 43 Love | <input type="radio"/> 63 Pottawatomie |
| <input type="radio"/> 04 Beaver | <input type="radio"/> 24 Garfield | <input type="radio"/> 44 McClain | <input type="radio"/> 64 Pushmataha |
| <input type="radio"/> 05 Beckham | <input type="radio"/> 25 Garvin | <input type="radio"/> 45 McCurtain | <input type="radio"/> 65 Roger Mills |
| <input type="radio"/> 06 Blaine | <input type="radio"/> 26 Grady | <input type="radio"/> 46 McIntosh | <input type="radio"/> 66 Rogers |
| <input type="radio"/> 07 Bryan | <input type="radio"/> 27 Grant | <input type="radio"/> 47 Major | <input type="radio"/> 67 Seminole |
| <input type="radio"/> 08 Caddo | <input type="radio"/> 28 Greer | <input type="radio"/> 48 Marshall | <input type="radio"/> 68 Sequoyah |
| <input type="radio"/> 09 Canadian | <input type="radio"/> 29 Harmon | <input type="radio"/> 49 Mayes | <input type="radio"/> 69 Stephens |
| <input type="radio"/> 10 Carter | <input type="radio"/> 30 Harper | <input type="radio"/> 50 Murray | <input type="radio"/> 70 Texas |
| <input type="radio"/> 11 Cherokee | <input type="radio"/> 31 Haskell | <input type="radio"/> 51 Muskogee | <input type="radio"/> 71 Tillman |
| <input type="radio"/> 12 Choctaw | <input type="radio"/> 32 Hughes | <input type="radio"/> 52 Noble | <input type="radio"/> 72 Tulsa |
| <input type="radio"/> 13 Cimarron | <input type="radio"/> 33 Jackson | <input type="radio"/> 53 Nowata | <input type="radio"/> 73 Wagoner |
| <input type="radio"/> 14 Cleveland | <input type="radio"/> 34 Jefferson | <input type="radio"/> 54 Okfuskee | <input type="radio"/> 74 Washington |
| <input type="radio"/> 15 Coal | <input type="radio"/> 35 Johnston | <input type="radio"/> 55 Oklahoma | <input type="radio"/> 75 Washita |
| <input type="radio"/> 16 Comanche | <input type="radio"/> 36 Kay | <input type="radio"/> 56 Okmulgee | <input type="radio"/> 76 Woods |
| <input type="radio"/> 17 Cotton | <input type="radio"/> 37 Kingfisher | <input type="radio"/> 57 Osage | <input type="radio"/> 77 Woodward |
| <input type="radio"/> 18 Craig | <input type="radio"/> 38 Kiowa | <input type="radio"/> 58 Ottawa | |
| <input type="radio"/> 19 Creek | <input type="radio"/> 39 Latimer | <input type="radio"/> 59 Pawnee | |
| <input type="radio"/> 20 Custer | <input type="radio"/> 40 LeFlore | <input type="radio"/> 60 Payne | <input type="radio"/> Entire State |

14. If you are **RELOCATING**, please answer the following questions on a separate sheet of paper. Please number the response (14) and reference each question by the appropriate letter.

- a) Explain the reason for the move.
- b) Are you discharging patients?
- c) Will you continue to serve patients in the current community?
- d) Will you employ the same staff or will you be hiring new staff?
- e) What are the number of miles for the move?
- f) Is it necessary for you to expand your geographic service area to accommodate the move?
- g) Will your phone number change? If yes, will it be long distance for current patients to call?

SIGNATURE OF APPLICANT(S)

Signature: _____

Signature: _____

Typed Name: _____

Typed Name: _____

Title or Position: _____

Title or Position: _____

Date: ____/____/____

Date: ____/____/____

AFFIDAVIT

STATE OF OKLAHOMA

COUNTY OF _____

On this ____ day of _____, personally appeared before me _____ and _____ whose identity is 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 that he/she acknowledged that he/she executed it.

Subscribed and sworn to before me _____
Notary Public

My Commission Expires: ____/____/____

SEAL

For use by the Oklahoma State of Health

Receipt # _____ License Type Hospice# _____ Class _____ Date License Issued: _____
Amount Paid: _____ Expiration Date: _____
Date of Receipt: _____ Changes: _____