



**Medical Facilities
Protective Health Services**
Oklahoma State
Department of Health

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) 271-1141

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. Any changes are to be reported to the street address above.
- IV. **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 mailed to:

**Financial Management - Receipting Unit
Oklahoma State Department of Health
PO Box 268823
Oklahoma City, OK 73126-8823**

Type of application:

- | | |
|--|--|
| <input type="checkbox"/> Initial Application | <input type="checkbox"/> Renewal Application |
| <input type="checkbox"/> New Facility | <input type="checkbox"/> Amended Application |
| <input type="checkbox"/> Change of Ownership | _____ |

(specify)

Number of Licensed Beds

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

License Number: _____

1. Doing Business as Name (DBA): _____

Finding _____

Address (Number) (Street) (City) (State) (Zip)

Mailing _____

Address (Number) (Street) (City) (State) (Zip)

Telephone No. () ____ - ____ **Fax No.** () ____ - ____

2. Operating Entity (Legal Name):

(Name of Entity)

(Business Address)

- Sole-proprietorship Partnership Corporation Limited Liability Company (LLC)

Other(specify): _____

3. Name of Administrator/Director: _____

4. Hours of Operation:

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

5. 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.

6. SIGNATURE OF APPLICANT: *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:*

Signature: _____

Typed Name: _____

Title or Position: _____

E-mail Address: _____

Date: ____/____/____

7. AFFIDAVIT:

STATE OF _____ COUNTY OF _____

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

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

(Notary Public, State of Oklahoma) _____
(My Commission Number) My Commission Expires: _____

S-E-A-L