



Operational Program Narrative Update

Facility Name: _____ **License No:** _____

INSTRUCTIONS

Each abortion facility must have an operational program narrative that has been approved by the governing body and accepted by the Department. The facility must provide services as outlined by the narrative. If no operations program changes have been modified, please mark the "No Change" box. Return **completed** forms: Application for License to Operate and Abortion Facility (ODH Form 777), Operational Program Narrative Update (ODH Form 779), and renewal license fee to the Department at the address above. The facility **revised** operations are specified in the following areas:

No Change

- 1. Governance and administration:** Must describe as specified in 310:600-9-1. Please provide the required information on an 8.5" x 11" attachment and number the response (1).
- 2. Patient Rights:** Must describe as specified in 310:600-9-2. Please provide the required information on an 8.5" x 11" attachment and number the response (2).
- 3. Staffing and personnel:** Must describe as specified in 310:600-9-3. Please provide the required information on an 8.5" x 11" attachment and number the response (3).
- 4. Clinical services:** Must describe as specified in 310:600-9-4. Please provide the required information on an 8.5" x 11" attachment and number the response (4).
- 5. Quality assessment and performance improvement:** Must describe as specified in 310:600-9-5. Please provide the required information on an 8.5" x 11" attachment and number the response (5).
- 6. Examinations, tests and procedures:** Must describe as specified in 310:600-9-6. Please provide the required information on an 8.5" x 11" attachment and number the response (6).
- 7. Facility design and construction:** Must describe as specified in 310:600-11-1. Please provide the required information on an 8.5" x 11" attachment and number the response (7).
- 8. Construction drawings:** Must describe as specified in 310:600-11-2. Please provide the required information on an 8.5" x 11" attachment and number the response (8).

SIGNATURE OF APPLICANT:

Signature: _____

Typed Name: _____

Title or Position: _____

E-mail Address: _____

Date: ____/____/____