

3. Chief Executive Officer/Director Name: _____

4. 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 1-801 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.

5. Hours of Operation:

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

6. *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:

Signature: _____

Printed Name: _____

Title or Position: _____

Email address: _____

Date: _____