

Ohio Department of Health

**Maternity Licensure Application**

**General Information and Instructions**

Section 3711. of the Ohio Revised Code and chapter 3701-7 of the Ohio Administrative Code (OAC) states that hospital maternity units, newborn care nurseries, and maternity homes are to be licensed and renew their licenses triennially. Your completed application and nonrefundable application fee are to be mailed to the address below. Your check/money order is to be made payable to **Treasurer, State of Ohio.**

Level I Obstetrical/Neonatal Care Services	\$1250
Level II Obstetrical/Neonatal Care Services	\$1750
Level III Obstetrical/Neonatal Care Services	\$2250
Freestanding Children's Hospital - Level III Neonatal Care Service	\$2250
Maternity Home	\$750

Ohio Department of Health  
Revenue Processing #8250  
PO Box 15278  
Columbus, OH 43215

If you have questions regarding the actual survey or the requirements, you may e-mail the survey bureau at [community@odh.ohio.gov](mailto:community@odh.ohio.gov) or call (614) 387-0801. If you have questions regarding the application or fee, you may e-mail the licensure program at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or call (614) 466-7713.

# Maternity Licensure Application

As defined in Chapter 3701-7 of the Ohio Administrative Code

ID #
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<b>Application Type</b>	<b>Application Fee</b>
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
<input type="checkbox"/> Level I Obstetrical/Neonatal Care Services	\$1250
<input type="checkbox"/> Level II Obstetrical/Neonatal Care Services	\$1750
<input type="checkbox"/> Sub Level II A <input type="checkbox"/> Sub Level II B	
<input type="checkbox"/> Level III Obstetrical/Neonatal Care Services	\$2250
<input type="checkbox"/> Sub Level III A <input type="checkbox"/> Sub Level III B <input type="checkbox"/> Sub Level III C	
<input type="checkbox"/> Freestanding Children's Hospital - Level III Neonatal Care Service	\$2250
<input type="checkbox"/> Maternity Home	\$750

Hospital/Home Name		
Address		
City	Zip	County
Telephone Number	Unit/Home Contact Person E-mail Address	

<b>Mailing Address</b>		
Name		
Address		
City	State	Zip

<b>Capacity/Floor Location</b>	
Obstetrical Capacity _____	Floor Location _____
Neonatal Care Capacity _____	Floor Location _____
Neonatal intensive care unit _____	
Special care unit _____	
Well-baby/holding nursery _____	

Name of Local Health Department with Jurisdiction
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I hereby certify that the provisions of the Ohio Revised Code and the rules adopted under the Ohio Administrative Code relating to licensed maternity units, newborn care nurseries or maternity homes will be faithfully observed, and that this unit or home will be maintained with due regard for the health, safety, and welfare of its respective patients or residents.	
Print/Type Authorized Representative Name	
Signature	Date

Ohio Department of Health, DQA/BIOS – Licensure Program, 246 N. High Street, Columbus, OH 43215  
(614) 466-7713