

Ohio Department of Health

Health Care Facility Renewal Application

Ambulatory Surgical Facility, Freestanding Dialysis Center, Freestanding Birthing Center,
Freestanding Inpatient Rehabilitation Facility

General Information and Instructions

The Ohio Administrative Code 3701-83 requires all health care facilities (ambulatory surgical facilities, freestanding dialysis centers, freestanding birthing centers and freestanding inpatient rehabilitation facilities) to renew during their originally licensed month. Send the following items, to the address below, with your renewal application or renew and pay electronically online at <http://pubapps.odh.ohio.gov/EID>.

- A non-refundable fee of \$300.00 in the form of a check or money order, payable to "Treasurer, State of Ohio."
- A copy of the facility's current State Fire Marshal's inspection report.

Ohio Department of Health
Revenue Processing #3500
PO Box 15728
Columbus, OH 43215

Ambulatory Surgical Facilities (ASF)

The director may renew an ambulatory surgical facility license without conducting an on-site inspection if the ASF submits the following with the documents above or fax to 614-564-2426:

1. An approval letter that indicates the ASF is duly accredited and deemed in compliance, at the time of this renewal, with federal Medicare program requirements.
2. An acceptable accreditation inspection report from Joint Commission (JC), the Accreditation Association for Ambulatory Health Care (AAAHC), the American Osteopathic Association (AOA), the American Association for the Accreditation of Ambulatory Surgical Facilities (AAAASF), or any other national accrediting body approved for deeming authority by the Centers for Medicare Medicaid (CMS).

A validation inspection may be conducted prior to issuing the renewal license.

Freestanding Birthing Centers (BC)

The director may renew a freestanding birthing center license without conducting an on-site inspection if the BC submits the following with the documents above or fax to 614-564-2426:

1. An approval letter that indicates the BC is duly accredited, at the time of this renewal, by the commission for the accreditation of birthing centers.
2. An acceptable accreditation inspection report.

A validation inspection may be conducted prior to issuing the renewal license.

If your facility has ceased operation, please return your license to our office with a brief explanation for closure including the date this facility closed. For online information regarding the licensure process, forms, rules (Ohio Administrative Code (OAC)) and regulations (Ohio Revised Code (ORC)), visit our web site at www.odh.ohio.gov. Further questions regarding the licensure process can be directed to liccert@odh.ohio.gov or by calling (614) 466-7713.

Health Care Facility Renewal Application

As defined in section 3701-83-04 of the Ohio Administrative Code

Facility ID #

Please print legibly in ink or type

1. Facility Name		
2. Address		Suite
3. City	4. Zip	5. County
6. Phone Number ()		7. Fax Number ()
8. E-mail Address		

Mailing address, if different from above

9. Name		
10. Address		Suite
11. City	12. State	13. Zip

14. Renewal application type <input type="checkbox"/> Ambulatory surgical facility <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Freestanding dialysis center <input type="checkbox"/> Freestanding inpatient rehabilitation facility	
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15. Has there been a change in this facility's capacity? If yes, explain	<input type="checkbox"/> No <input type="checkbox"/> Yes
16. Has there been a change or update to this facility's most recent accreditation status report or findings? If yes, explain and provide a copy of the most recent accreditation inspection report and findings, unless the department has been previously notified. Explanation:	<input type="checkbox"/> No <input type="checkbox"/> Yes
17. Has there been a change in ownership?	<input type="checkbox"/> No <input type="checkbox"/> Yes
18. Has there been a change of onsite administrator? If yes, name	<input type="checkbox"/> No <input type="checkbox"/> Yes
19. Has there been a change of medical director or individual responsible for the provision of health care services? If yes, name _____ License/certification #	<input type="checkbox"/> No <input type="checkbox"/> Yes

<p>20. If the owner(s), administrator or medical director has changed, has the new individual(s) been convicted of any criminal activity or been involved in a civil judgment or administrative adjudication for an offense related to the provision of care or bearing a direct or substantial relationship to the job responsibilities?</p> <p>If yes, provide the individual's name and give a full explanation stating the charge(s), date(s) and disposition on a separate page.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>21. Has the owner(s), administrator or medical director been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04 (A)(1)(c) of the OAC within five years prior to the date of this application?</p> <p>If yes, provide the individual's name and list the name(s) and address(es) of the facilities on a separate page.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes

<p>I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct. I understand that section 3702.30 of the Ohio Revised Code and paragraph (E) of rule 3701-83-04 of the Ohio Administrative Code require the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership set forth in the initial application and any change in accreditation status, no later than 30 days after the change occurs.</p> <p>I certify that I am an owner of the facility or the authorized representative of the owner.</p>	
<p>Print/type owner's or representative's name</p>	<p>Title</p>
<p>Signature</p>	<p>Date</p>