Birthing Center
License Renewal
Application Instructions

General Information and Instructions

Section 3702.30 of the Revised Code (RC) and Chapter 3701-83 of the Ohio Administrative Code (OAC) require all health care facilities (HCFs) to be licensed, and also set forth the conditions for licensure. Rules 3701-83-01 through 3701-83-14 pertain to all HCFs; in addition, rules 3701-83-33 through 3701-83-42 pertain specifically to birthing centers.

Rule 3701-83-04 of the OAC requires all HCFs to renew their license each year during the month specified on the HCF's license, which is the month the HCF was originally licensed. For timely processing, please submit your completed renewal application form along with the fee and the required documents at least 60 days prior to the expiration of your license.

Required Documents

The following document must be submitted with your "Health Care Facility Renewal Application (HEA 8011)" and fee:

1. A copy of a current State Fire Marshal Inspection report documenting the facility is in compliance with the state fire code

2. Transfer agreement with a hospital or other appropriate health care setting or provider for the transfer of a mother or newborn in the event of medical complications, emergency situations, or as the need arises.

Application Submission

Option 1 – Hard Copy Submission

A check or money order, made payable to the Treasurer, State of Ohio in the amount of $300 must accompany your application.

Submit the completed renewal application form, check or money order in the correct amount, and the required documents listed above to the following address:

Ohio Department of Health
Revenue Processing #3500
PO Box 15278
Columbus, Ohio 43215

If the application is incomplete or is not accompanied with the fee and required documents listed above, licensure approval may be delayed, your application may be returned to you or your

application may be denied. Deposit of your fee does not mean that your application has been accepted and/or declared complete.

Option 2 - Electronic Submission

Submit the completed renewal application form, fee in the correct amount, and the required documents listed above electronically online at http://publicapps.odh.ohio.gov/EID. Acceptable forms of payment include Visa, MasterCard, American Express or an electronic check from a checking account. Requests for new Enhanced Information Dissemination & Collection (EIDC) accounts or changes to an existing EIDC account can be submitted online at the above site by selecting "EIDC User Account Request".

If the application is incomplete or is not accompanied with the fee and required documents listed above, licensure approval may be delayed, your application may be returned to you or your application may be denied. Deposit of your fee does not mean that your application has been accepted and/or declared complete.

Onsite Inspection

In accordance with rule 3701-83-05(A)(1) of the OAC, an onsite inspection may be required prior to approving the license renewal.

Contact Information

If you have any questions regarding your dialysis center licensure application, please e-mail the Bureau of Licensure Operations in the Office of Health Assurance and Licensing, Ohio Department of Health at liccert@odh.ohio.gov or call (614) 466-7713.

Health Care Facility Renewal Application

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

Facility ID #

Please print legibly in ink or type

1. Facility Name (DBA)			
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**

☐ Ambulatory surgical facility

Is ASF a provider-based entity of hospital? ☐ No ☐ Yes

If yes, hospital name:

☐ Freestanding dialysis center

☐ Freestanding inpatient rehabilitation facility

☐ Freestanding birthing center

15. Has there been a change in this facility's capacity?	☐ No ☐ Yes
If yes, has an amended license been requested?	☐ No ☐ Yes
16. a) Is your facility accredited by an national accrediting body approved by CMS?	☐ No ☐ Yes
If yes, and there has been a change or update to this facility's most recent accreditation status report or findings, explain and provide a copy of the most recent accreditation inspection report and findings, unless the department has been previously notified.	
Explanation:	
16. b) Is your facility deemed to meet or exceed the approved Medicare program requirements through accreditation?	☐ No ☐ Yes

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17. Has there been a change in ownership? If yes, has a change of ownership application been submitted?	☐ No ☐ Yes ☐ No ☐ Yes
18. Has there been a change of onsite administrator? A) If yes, provide name of new administrator: B) Has the new administrator 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? C) Has the new administrator 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?	☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
19. Has there been a change of medical director or individual responsible for the provision of health care services? A) If yes, provide name of new medical director/individual: B) License/certification # C) Has the new medical director been affiliated through ownership or employment with any of the facilities in rule 3701-83-04 (A)(1)(c) of the OAC within five years prior to the date of this application? D) Has the new medical director/individual 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?	☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes

20. If you answered yes to question 18 (C) or 19 (D) provide a full explanation stating charge(s), date(s) and disposition on a separate page.	☐ NA

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.

I certify that I am an owner of the facility or the authorized representative of the owner.

Print/type owner's or representative's name	Title
Signature	Date

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