

Nursing Facility Licensing Application Requirements - CHOP Oregon Administrative Rules 411-085-0005, 0010 and 0013

Letters of Intent

Summary of proposed action that includes:

- Name and signature of the current operator
- Name and signature of the prospective operator
- The proposed date of operations transfer

Nursing Facility License Application from the prospective operator, 0466

Licensing Fee *(please do not send payment, invoice will be generated from Accounting that will include remittance advice)*

Fewer than 16 beds, \$2000

16-49 beds, \$3000

50-99 beds, \$4000

100-150 beds, \$5000

150 or more beds, \$6000

ACU: 16 or fewer beds, \$50

ACU: 17-50 beds, \$75

ACU: 51 or more beds, \$100

Signed Approval for Credit Checks, form 0466C

Signed by each owner or entity with 10% or greater ownership interest, *If Medicare or Medicaid certified, complete a signed approval for credit check for each individual or entity with 5% or greater ownership interest in the owner/licensee and operator entities.*

Criminal History Request, Form 301CP

[http://dhsresources.hr.state.us/WORD DOCS/DE0301CP.doc](http://dhsresources.hr.state.us/WORD%20DOCS/DE0301CP.doc)

Complete for each individual with 10% or greater ownership interest in the ownership entity and the operating entity. *If Medicare or Medicaid certified, complete for each individual with 5% or greater ownership interest in the owner/licensee and operator entities.*

Please complete an original form for each individual, and complete section 5 of the form completely, leaving no spaces blank.

Fingerprint card, if applicable; please include Fingerprint Processing Fee of \$12.00 per card.

Board of Directors (if applicable)

List of current members with addresses, phone and email.

Statement of ownership and control – form 0466D

Management/Operator Agreement

Legal agreement that defines specific responsibilities of the prospective nursing facility operator.