

Birthing Center License Application

[Click Here For Birthing Center Rules](#)

Type of Action		
New facility license*:	The center complies with all requirements and is ready to schedule an initial licensure survey.	
License renewal: (due December 1 before the annual renewal)	License #:	
Change request: (Select all that apply)	Name Address Ownership* Administrator Other (specify)	Effective date of change(s):
		Additional information about the requested changes (please attach additional pages as needed):

*Fee payment required (see page 2 for amount).

Facility Information – For change-only applications, complete the Facility Name and any changes selected above		
Facility Legal Name:		
Facility Doing Business As Name (if applicable):		
Facility physical address, city, state & zip:		
Phone:	Fax:	County:
Facility mailing address (if different from above):		
Facility email:		
Administrator name:		Administrator phone:
Administrator email:		
Emergency contact name:		Emergency contact phone:
Emergency contact email:		
Please specify appointment hours:		

800 NE Oregon Street, Suite 465, Portland, OR, 97232

Voice: (971) 673-0540 | Fax: (971) 673-0556 | All relay calls accepted

<http://www.healthoregon.org/hflc> | mailbox.hclc@odhsoha.oregon.gov

Owner Information (If partnership or corporation, list each person having 5% or more interest on an additional page)			
Ownership Category (choose one):			
Individual	State	Health District	Partnership
City	County	Church	Corporation or LLC
Ownership Type: For-Profit		Non-Profit	Tax ID#:
Name of Owner(s):			
Address, City, State & ZIP of Owner(s):			
Phone:		Fax:	County:

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct, and complete. I will notify Health Care Regulation and Quality Improvement, in writing, of any changes in this information within 30 days of any such change.

Administrator's Signature

Print Name

Print Title

Date (mm/dd/year)

The person who filled out this application form	
Name:	Email:
Title:	Phone:

Fee Schedule	
New license	\$750.00
License renewal	\$750.00
Change of ownership	\$750.00

Make check payable to: Oregon Health Authority
Mail payment and HFLC
application to: PO Box 14260
Portland, OR 97293

Questions about this application? Phone: 971-673-0540 **Email:** mailbox.hclc@odhsoha.oregon.gov

HCRQI Office Use Only Renewal Licensure/change: Approved:_____ Denied:_____ Withdrawn:_____ Initials:_____ Date:_____ CASH OFFICE: QC 793 initial / QC 795 renewal

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