**PUBLIC HEALTH DIVISION**
**Health Care Regulation and Quality Improvement Section**
**Health Facility Licensing and Certification Program**

Oregon Health Authority

# Outpatient Renal Dialysis Facility License Application Form

| | | | | |
|---|---|---|---|---|
| New Facility * | ☐Y | ☐N | | |
| License Renewal * | ☐Y | ☐N | License # _____ | CMS Provider # _____ |
| Accredited? | ☐Y | ☐N | If yes, what Accrediting Agency? | |
| Deemed? | ☐Y | ☐N | | |

*Fee Payment Required (See back of this form for amount). There is no fee required for station increases, name or address changes.

## FACILITY INFORMATION

| | | |
|---|---|---|
| Facility Legal Name: | | |
| Facility DBA Name (if applicable): | | |
| Facility Physical Address, City, State & ZIP: | | |
| Phone: | Fax: | County: |
| Facility Mailing Address (if different from above): | | |
| Facility E-Mail: | | |
| Fiscal Year Ending Date (MM/DD) : | | |
| Name of Administrator & Phone: | | |
| Administrator Email: | | |
| Emergency Contact Person & Phone: | | |

| Days and Hours of Operation: | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| First shift starts: | | | | | | | |
| Last Shift Ends: | | | | | | | |

| | |
|---|---|
| Number of Stations: | Number of Home Training Rooms: |

## OWNER INFORMATION

**Ownership Category** (If Partnership, Corporation or LLC, list each person having 5% or more interest on a separate page.)

| | | | |
|---|---|---|---|
| ☐ Individual | ☐ State | ☐ Health District | ☐ Partnership |
| ☐ City | ☐ County | ☐ Church | ☐ Corporation or LLC |

| | |
|---|---|
| **Ownership Type:** (If non-profit, list all board members on a separate page.) | Tax ID#: |
| Name of Owner(s): | |
| Address, City, State & ZIP of Owner(s): | |

| | | |
|---|---|---|
| Phone: | Fax: | County: |

## TYPE OF ACTION

| | |
|---|---|
| ☐ | **License Renewal** |

| | | |
|---|---|---|
| ☐ | **Facility Change:** *What type of Facility change is requested?* | |
| ☐ | Station Increase | ☐ Station Decrease |
| ☐ | Change of Information | |
| | ☐ Name Change | ☐ Services to be Added |
| | ☐ Address Change | ☐ Services to be Removed |
| | ☐ Change of Administrator | ☐ Change of Ownership* |
| ☐ | Other. Please specify | |
| | ***Effective date of requested change*** _____ | |

***I declare, under penalty 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 Facility Licensing and Certification, 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)*

## FEE SCHEDULE

| | | |
|---|---|---|
| $2,000.00 | New Facility | Fee is required when initial application is submitted. |
| $2,000.00 | Yearly Renewal | Submit fee with this application 30 days prior to license expiration. |
| $2,000.00 | Change of Ownership | Submit fee with this application. |

## APPLICATION PROCESS

**License Renewal Due By December 1st**

**Is your application complete?**

☐ **Payment calculated.**

Note: There is no fee required for station increase/decreases, name changes or address changes. Change of ownership requires a new license and payment of the full license fee.

☐ **Payment enclosed.**

Make check payable to: Oregon Health Authority
Mail payment to: Health Facility Licensing and Certification
P.O. Box 14260
Portland, OR 97293-0260

**Questions?**

Contact us by email at: mailbox.hclc@state.or.us, or by phone at: (971) 673-0540

| **HFLC Office Use Only** | | | **Approved/Denied by** | | **Entered by** | |
|---|---|---|---|---|---|---|
| ☐ Initial Licensure | ☐ Approved | ☐ Denied | Initials: _____ | Date:_____ | Initials: _____ | Date:_____ |
| ☐ License Renewal | ☐ Approved | ☐ Denied | Initials: _____ | Date:_____ | Initials: _____ | Date:_____ |
| ☐ Change | ☐ Approved | ☐ Denied | Initials: _____ | Date:_____ | Initials: _____ | Date: _____ |

CASH OFFICE: QC **619** Initial QC **620** Renewal **50202** **51038**