

## Non-transplant Anatomical Research Recovery Organizations (NARRO) Application

[Click Here For NARRO Administrative Rules](#)

Type of Action		
<b>New organization*:</b>		
<b>License renewal*:</b>	License #:	
<b>Change request: Select all that apply</b>	Name	Effective date(s) of change(s):
	Address Ownership Administrator Other (specify)	Additional information about the requested changes (please attach additional pages as needed):

Facility Information – For change-only applications, complete the Facility Name and any changes selected above		
Organization legal name:		
Organization DBA name (if applicable):		
Organization physical address, city, state & zip:		
Phone:	Fax:	County:
Organization mailing address (if different from above):		
Organization email:		
Administrator name:		Administrator phone:
Administrator email:		
Emergency contact name:		Emergency contact phone:
Emergency contact email:		
Accredited?    Yes**    No		Accreditation Effective Date:
Accrediting Organization:		

\*\*If accredited, include a copy of your current accreditation certificate.

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

Voice: (971) 673-0540 (option 3) | Fax: (971) 673-0556 | All relay calls accepted

<http://www.healthoregon.org/hflc> | [mailbox.inhomecare@odhsoha.oregon.gov](mailto:mailbox.inhomecare@odhsoha.oregon.gov)

Owner Information		
Name of Owner(s):		Tax ID#:
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 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	
All application fees are non-refundable	
New license	\$1,750.00
License renewal	\$1,750.00
Change of ownership	\$1,750.00

**Make check Payable to: Oregon Health Authority**

**Mail payment and application to: HFLC  
 PO Box 14260  
 Portland, OR 97293**

**Questions about this application?**  
**Phone:** 971-673-0540 (option 3)  
**Email:** [mailbox.inhomecare@odhsoha.oregon.gov](mailto:mailbox.inhomecare@odhsoha.oregon.gov)

HCRQI Office Use Only
Renewal Licensure/change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____
CASH OFFICE: QC 412 initial / QC 410 renewal

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