

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

Type of Action	
New Organization?	<input type="checkbox"/>
License Renewal?	<input type="checkbox"/> License #:
Renewal Application must be submitted at least 30 days prior to the license expiration date.	
Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accrediting Organization:	Accreditation Effective Date:

Organization Information		
Organization legal name:		
Organization Physical Address, City, State, ZIP:		
Organization DBA name <i>(if applicable)</i> :		
Phone:	Fax:	County:
Organization mailing address <i>(if different from above)</i> :		
Name of administrator:		Phone:
Administrator e-mail:		
Organization e-mail:		
Phone:	Fax:	County:
Emergency contact name:		Phone:
Emergency contact email:		
Name of owner(s):		
Address, city, state, ZIP of owner(s) <i>(attach additional pages if necessary)</i> :		

Change Request
Effective date of change: <input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Ownership: <input type="checkbox"/> Administrator: <input type="checkbox"/> Other <i>(specify)</i> :

**Fee payment required (see fee schedule on page 2)*

I declare, under penalty of perjury, that I have examined this application and all attachments, and that this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Unit in writing of any change in this information, as required.

Administrator's Signature

Print Name

Print Title

Date (mm/dd/year)

Please keep a copy of your application for your records.

ALL APPLICATION FEES ARE NON-REFUNDABLE PER OAR 333-081-0035(2)

Fee schedule	Parent organization
New	\$1,750
Annual Renewal	\$1,750
Change of Ownership	\$1,750

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
P.O. Box 14260
Portland, OR 97293

Questions about this application?

Phone: 971-673-0540

Email: mailbox.hclc@state.or.us

HCRQI Office Use Only

Initial licensure: _____ Effective date: _____ Services: _____

Initials: _____ Date: _____

Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____

Initials: _____ Date: _____

CASH OFFICE: QC 412 initial/QC 410 renewal