

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

Type of action:	
New Organization:*	<input type="checkbox"/> New
License Renewal:*	<input type="checkbox"/> License #: _____
Renewal application must be submitted at least 30 days prior to the license expiration date.	
Related Information: Is the NARRO accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accrediting organization: _____	Effective date: _____

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

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 (specify):	_____

Organization information:		
Organization legal name: _____		
Organization DBA name (if applicable): _____		
Organization physical address, city, state, ZIP: _____		
Phone: _____	Fax: _____	County: _____
Organization mailing address (if different from above): _____		

Name of administrator: _____	Phone: _____
Administrator e-mail: _____	
Organization e-mail: _____	

Name of owner(s): _____
 Address, city, state, ZIP of owner(s) (*attach additional pages if necessary*):

 Phone: _____ Fax: _____ County: _____
 Emergency contact name: _____ Phone: _____

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/yyyy)

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" and mail with the application to:

State of Oregon
 Health Care Regulation and Quality Improvement
 PO Box 14260
 Portland, OR 97293-0260

Phone: 971-673-0540
 Fax: 971-673-0556
www.healthoregon.org/hcrqi

The NARRO Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hcrqi

HCRQI Office use only					
Initial licensure:	Effective date:	Services:	Initials:	Date:	
Renewal licensure/change:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn	Initials:	Date:
Cash office:	QC: Initial NARRO 412 Renewal 410	PCA/Index for Initial/Renewal/CHOW 50202 51104			