Oregon Health Authority

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

Type of Action	
New Organization?	☐
License Renewal?	☐ License #:
Renewal Application must be submitted at least 30 days prior to the license expiration date.	
Accredited? ☐ Yes ☐ No	
Accrediting Organization:	Accreditation Effective Date:

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

Change Request
Effective date of change: ☐ Name: ☐ Address: ☐ Ownership: ☐ Administrator: ☐ Other *(specify)*:

**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@odhsoha.oregon.gov

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Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____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