Application for License to Operate a Renal Dialysis Facility, Freestanding or Mobile Technology, or Hospital-owned Pain Management Clinic

OIG 005 – July 2018 Edition

I. TYPE OF APPLICATION (Write or type an X next to all that apply.)

Provisional Licensure _____ Change of Name

- _____ Annual Re-licensure _____ Change of Location
- _____ Addition/Change in Service _____ Change of Ownership

II. TYPE OF SERVICE/CLINIC (Check one license type and check all that applies for services your facility will provide.)

Renal Dialysis Facility (RDF): Request for additional services:	Number of Stations Requested Home Training Peritoneal	Home Support
	FMT): (Check all that apply) Magnetic Resonance Imaging Megavoltage Radiation Therapy	

Hospital-owned Pain Management Clinic (HPMC)

III. IDENTIFICATION

License Number				
	(Do not fill in License Number if this	is an application for provis	sional licensure)	
Name of Facility				
Physical Location of Facili	ty			
	(Street)		(City)	
	(County)	(State)	(Zip Code)	
Mailing Address				
(If different from above)	(Street)		(City)	
	(County)	(State)	(Zip Code)	
Telephone Number				
Email Address				
	(Primary contact for correspondence	e)		
Administrator Name				
Date facility began operati	ng at current address			
Date facility began operati	ng under current owner			

IV. COUNTIES SERVED (FREESTANDING OR MOBILE TECHNOLOGY APPLICANTS: Check all counties that your facility wants to serve if mobile services are provided)

Otatomiao (ao i		oundes when encert	ng otatewide)		
Adair	Allen	Anderson	Ballard	Barren	Bath
Bell	Boone	Bourbon	Boyd	Boyle	Bracken
Breathitt	Breckenridge	Bullitt	Butler	Caldwell	Calloway
Campbell	Carlisle	Carroll	Carter	Casey	Christian
Clark	Clay	Clinton	Crittenden	Cumberland	Daviess
Edmondson	Elliott	Estill	Fayette	Fleming	Floyd
Franklin	Fulton	Gallatin	Garrard	Grant	Graves
Grayson	Green	Greenup	Hancock	Hardin	Harlan
Harrison	Hart	Henderson	Henry	Hickman	Hopkins
Jackson	Jefferson	Jessamine	Johnson	Kenton	Knott
🗌 Knox	Larue	Laurel	Lawrence	Lee	Leslie
Letcher	Lewis	Lincoln	Livingston	Logan	Lyon
Madison	Magoffin	Marion	Marshall	Martin	Mason
McCracken	McCreary	McLean	Meade	Menifee	Mercer
Metcalfe	Monroe	Montgomery	Morgan	Muhlenberg	Nelson
Nicholas	🗌 Ohio	Oldham	Owen	Owsley	Pendleton
Perry	Pike	Powell	Pulaski	Robertson	Rockcastle
Rowan	Russell	Scott	Shelby	Simpson	Spencer
Taylor	Todd	Trigg	Trimble	Union	Warren
Washington	🗌 Wayne	Webster	Whitley	Wolfe	Woodford
CONTROL	(check one in eac	ch column)			
State	Prof	it	Individual		
County	Nonprof	it F	Partnership		
City		C	Corporation		
Private					
	Adair Bell Breathitt Campbell Clark Edmondson Franklin Grayson Harrison Jackson Letcher Madison McCracken Metcalfe Nicholas Perry Rowan Taylor Washington CONTROL State County City	Adair Allen Bell Boone Breathitt Breckenridge Campbell Carlisle Clark Clay Edmondson Elliott Franklin Fulton Grayson Green Harrison Hart Jackson Jefferson Knox Larue Letcher Lewis Madison Magoffin McCracken McCreary Metcalfe Monroe Nicholas Ohio Perry Pike Rowan Russell Taylor Todd Washington Wayne ContrRol (check one in ear State Prof County Nonprof City Nonprof	AdairAllenAndersonBellBooneBourbonBreathittBreckenridgeBullittCampbellCarlisleCarrollClarkClayClintonEdmondsonElliottEstillFranklinFultonGallatinGraysonGreenGreenupHarrisonHartHendersonJacksonJeffersonJessamineKnoxLarueLaurelLetcherLewisLincolnMadisonMagoffinMarionMcCrackenMcCrearyMcLeanMetcalfeMonroeMontgomeryNicholasOhioOldhamPerryPikePowellRowanRussellScottTaylorToddTriggWashingtonWayneWebsterCONTROL(check one in each column)StateProfitCountyNonprofitFCityOr	BellBooneBourbonBoydBreathittBreckenridgeBullittButlerCampbellCarlisleCarrollCarterClarkClayClintonCrittendenEdmondsonElliottEstillFayetteFranklinFultonGallatinGarrardGraysonGreenGreenupHancockHarrisonHartHendersonHenryJacksonJeffersonJessamineJohnsonKnoxLarueLaurelLawrenceLetcherLewisLincolnLivingstonMadisonMagoffinMarionMarshallMcCrackenMcCrearyMcLeanMeadeMetcalfeMonroeMontgomeryMorganNicholasOhioOldhamOwenPerryPikePowellPulaskiRowanRussellScottShelbyTaylorToddTriggTrimbleWashingtonWayneWebsterWhitleyCONTROL(check one in each column)StateProfitIndividualCountyNonprofitPartnershipCityCorporationCorporation	AdairAllenAndersonBallardBarrenBellBooneBourbonBoydBoyleBreathittBreckenridgeBullittButterCaldwellCampbellCarlisleCarrollCarterCaseyClarkClayClintonCrittendenCumberlandEdmondsonElliottEstillFayetteFlemingFranklinFultonGallatinGarrardGrantGraysonGreenGreenupHancockHardinJacksonJeffersonJessamineJohnsonKentonKnoxLarueLaurelLawrenceLeeLetcherLewisLincolnMarinMartinMadisonMagoffinMarionMarshallMartinMcCrackenMcCrearyMcLeanMeadeMenifeeNicholasOhioOldhamOwenOwsleyPerryPikePowellPulaskiRobertsonRowanRussellScottShelbySimpsonTaylorToddTriggTrimbleUnionWashingtonWayneWebsterWhitleyWolfeContrrolKenter in each column)StateProfitIndividualCountyNonprofitPartnershipCityKonprofitPartnershipCityKonprofitPartnershipCityKonprofitCorporation

Statewide (do not check individual counties when checking Statewide)

VI. OWNERSHIP Name and address of direct owner:

V.

NOTE: Provide the following supporting documentation as an attachment to this application:

- The of name, mailing address, email address and phone number each person or legal entity having an ownership interest in the facility;
- If owned by a corporation, the name, mailing address, email address and phone number of each officer or director of the corporation;
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

VII. FIRE MARSHAL (APPLICABLE ONLY TO FIXED-SITE FACILITIES for PROVISIONAL and CHANGE of LOCATION)

Please submit documentation of the Fire Marshal's approval for the location(s) where services will be provided. Final approval from the Fire Marshal shall be considered current if approved within 12 months from the date the Office of Inspector General receives the licensure application. If your facility has not been inspected and approved within the previous 12 months, please contact the Fire Marshal's Office to request an inspection. An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.

I understand that as a condition precedent to provisional licensure, this facility shall be in compliance with all state and federal statutes and administrative regulations applicable to the license requested.

I understand that **any change** in the information provided in within this application affecting the licensure status of this facility or service will be reported to the Office of Inspector General and **a new application** will be completed at that time. I agree that this facility/service and all aspects of its operation shall allow all state agency licensure personnel entrance upon its premises for the purpose of inspection. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application may result in denial or revocation of licensure.

Signature of Authorized	Representative
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Submit the application, fee and supportive documentation to:

Title

Date

Office of Inspector General 275 East Main Street, 5E-A Frankfort, Kentucky 40621