

# Application for License to Operate an Ambulatory Infusion Agency

OIG 008 – September 2019 Edition

## I. TYPE OF APPLICATION

(Write or type an X next to all that apply.)

Initial, Provisional Licensure

Change of Name

Annual Re-licensure

Change of Location

Change of Ownership

## II. IDENTIFICATION

License Number \_\_\_\_\_

(Do not fill in License Number if this is an application for initial, provisional licensure)

Name of Agency \_\_\_\_\_

Physical Location of Agency \_\_\_\_\_

(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)

Administrator Name \_\_\_\_\_

Date facility began operating at current address \_\_\_\_\_

Date facility began operating under current owner \_\_\_\_\_

## III. CONTROL (check one in each column)

State

Profit

Individual

County

Nonprofit

Partnership

City

Corporation

Private

**IV. OWNERSHIP** Name and address of direct owner

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

- The name, mailing address, email address, and phone number of 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.

**V. FIRE MARSHAL (FOR PROVISIONAL AND CHANGE OF LOCATION APPLICATIONS.)**

If services are provided in an ambulatory infusion center, please submit documentation of the Fire Marshal's approval for the location where services will be provided. Final approval from the Fire Marshal shall be considered current if approved within twelve (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 twelve (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/service 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 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Submit the application, fee, and supportive documentation to: Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

For Office Use Only: Check # \_\_\_\_\_ Amount \_\_\_\_\_