

**APPLICATION CHECKLIST**

#### ABORTION CLINIC

The Agency for Health Care Administration (AHCA) has implemented the **ONLINE LICENSING SYSTEM,** whichallows the electronic submission of renewal and change during licensure period applications and fees, along with the ability to upload supporting documentation.

To submit online please go to:<http://ahca.myflorida.com/onlinelicensure>

**This application checklist is for informational purposes only – to be used as a guide for applicants when completing the licensing application process. All forms listed below may be obtained from the website:** [**http://ahca.myflorida.com/HQALicensureForms**](http://ahca.myflorida.com/HQALicensureForms)**. Send completed applications to: Agency for Health Care Administration, Hospital and Outpatient Services Unit , 2727 Mahan Dr, MS 31, Tallahassee, FL 32308-5407.**

**Application types and definitions:**

**Initial (I)** – application for an initial license/registration/certification

**Renewal (R)** – biennial renewal of existing license/registration/certification

**Change of Ownership (CHOW)** – licensee sells/transfers ownership to a different individual/entity or change of 51% or more of the ownership (controlling interest of licensee)

**Change during licensure period (C)** – request to amend /change information that displays on the license

**Fee Required:**

* Name Change -
* Address Change -
* Procedures Performed

**No Fee Required:**

* Stock Transfer of less than 51%
* Management Company Change
* Personnel Change
* Hours of Operation

In order to provide the Agency with a complete application and expedite the licensure process, it may be helpful to gather the following information:

**Provider Information (Application Type: All)**

Fictitious name (if applicable), street address, mailing address, telephone number, fax number, email address, website

address, and National Provider Identifier (NPI)

**Licensee (Owner) Information (Application Type: All)**

Organization type, complete legal name, mailing address, EIN/SSN, email address, telephone number, and fax number. Legal name and address submitted with application must be the same that is registered with Department of State, Division of Corporations

**Contact Person** **(Application Type: All)**

Name, email address, and telephone number

**Licensee Controlling Interests, Board Members, and Officers** **(Application Type: I, R, CHOW, C)**

Name, EIN/SSN, mailing address, telephone number, % ownership interest and effective date for each controlling interest, board member and officer

**Management Company, if applicable** **(Application Type: I, R, CHOW, C)**

Name, EIN, street address, mailing address, telephone number, fax number, email address, and contact person’s name, email address, and phone number

**Management Company Controlling Interests, Board Members, and Officer (Application Type: I, R, CHOW, C)**

Name, EIN/SSN, mailing address, telephone number, % ownership interest and effective date for each controlling interest, board member and officer

**Personnel (Application Type: (Application Types: I, R, CHOW, C)**

Administrator: Name, SSN, date of birth, personal/primary address, email address, telephone number, effective and end dates of employment

Financial Officer: Name, SSN, date of birth, personal/primary address, email address, telephone number, effective and end dates of employment

Medical Director: Name, Florida Medical License Number, personal/primary address, email address, telephone number, effective and end dates of employment

**Disclosures (Application Type: I, R, CHOW, C)**

Legal information (if any) for licensee, licensee controlling interests, management company, and management company controlling interests related to any convictions of criminal offenses and any exclusions, suspensions or terminations from the Medicare, Medicaid or CLIA (if applicable)

**Provider Fines and Financial Information (Application Type: All)**

Assessing entities, related case numbers, dates of assessment, final orders, next payment due dates of any monies owed to the Agency

**Procedures/Transfer/Admitting Information (Application Type: All)**

Procedures performed, hospital information where clinic has transfer agreement and confirmation of admitting privileges for all physicians performing abortions

**Days and Hours of Operations (Application Type: I, R, CHOW, C)**

Regular operating days and hours

**Procedures/Transfer/Admitting Information (Application Types: I, R, CHOW, C)**

Procedures performed, hospital information where clinic has transfer agreement and confirmation of admitting privileges for all physicians performing abortions

**Request to Change the Name or Address of Provider (Application Types: C)**

Sections 1A, 1C, 2 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

$25.00 Duplicate License Fee

**Request to Change in Type of Procedures Performed (Application Types: C)**

Sections 1A, 1C, 2, 8 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

$25.00 Duplicate License Fee

**Request to Change Personnel (Application Types: C)**

Sections 1A, 1C, 2, 5 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

Section 1A of the Health Care Licensing Application Addendum, AHCA, Form 3110-1024

No fee required

**Request to Change Management Company (Application Types: C)**

Sections 1A, 1C, 2, 4, 5, 6, 7 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

**Request for Stock Transfer of less than 51% (Application Types: C)**

Sections 1A, 1C, 3, 5, 6 , 7 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

**Request to Change Hours of Operation (Application Types: C)**

Sections 1A, 1C, 2, 9 and 11 of the Health Care Licensing Application, AHCA Form 3130-1000

**Supporting Documents (Application Type: All, unless otherwise specified)**

Health Care Licensing Application Addendum, AHCA Form 3110-1024 (Application Type: All)

Proof of Property Occupancy, Examples: Lease, Mortgage, and Transfer Agreement. (Application Types: I, CHOW and C)

Documentation from the appropriate local government office showing that the applicant has met local zoning requirements (Application Types: I, CHOW and C)

Documentation of change of ownership transaction stating effective date and executed by all parties (Application Type: CHOW)

Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable (Application Type: All)

Approved repayment plan, if applicable

**Biennial Licensure Fee and Other Amounts Due Upon Submission of Application**

The biennial licensure fee is $550.50

The biennial health care assessment fee is $300.00

Each change during licensure period that requires issuance of a new certificate is assessed a $25.00 fee

Other amounts due (fines, assessment, fees, etc.) will be detailed in the application

|  |
| --- |
| *The Agency for Health Care Administration scans all documents for electronic storage.  In an effort to facilitate this process, we ask that you please remember to:*   * Please place checks or money orders on top of the application * Include license number or case number on your check * Do not submit carbon copies of documents * Do not fold any of the documents being submitted * No staples, paperclips, binder clips, folders, or notebooks * Please ***do not bind any*** of the documents submitted to the Agency. |