



Health Care Licensing Application

THIS FORM IS RECOMMENDED FOR USE TO COMPLY WITH THE REPORTING REQUIREMENTS PURSUANT TO CHAPTER 408, PART II, FLORIDA STATUTES. PLEASE FILL OUT THE INFORMATION AS APPLICABLE TO THE ENTITY REQUESTING LICENSURE:

1. Provider Information

Provider/Facility Type: _____		National Provider ID#: _____ (if applicable)	
Provider/Facility Name		EIN	
Street Address	City	State	Zip
Licensee Name (if different than above)		EIN (if different from above)	
Licensee Mailing Address	City	State	Zip

2. Controlling Interests of Licensee

AUTHORITY:

Pursuant to subsections 408.806(1)(a) and (b), Florida Statutes, an application for licensure must include: the name, address and social security number of the applicant and each controlling interest if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest if the applicant or controlling interest is not an individual. Disclosure of your social security number is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, **do not include social security numbers on this form.** All social security numbers must be entered on the Addendum to the Application.

Controlling interests, as defined in subsection 408.803(7), Florida Statutes, are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

Voluntary Board Member, as defined in subsection 408.803(13), Florida Statutes, means a board member of a not-for-profit corporation or organization who serves solely in a voluntary capacity, does not receive any remuneration for his or her services on the board of directors, and has no financial interest in the corporation or organization. The statement affirming the status of the board member must be submitted to the agency on a form provided by the agency.

A. Individual and/or Entity Ownership of Licensee

Provide the following information for **each person or entity (corporation, partnership, association) with 5% or greater ownership interest** in the licensee/provider. Attach additional sheets if necessary.

FULL NAME of INDIVIDUAL or ENTITY	BUSINESS ADDRESS	TELEPHONE NUMBER	EIN	% OWNERSHIP INTEREST

B. Board Members and Officers of Licensee

Provide the following information for **each person that serves as an officer or is on the board of directors** (excludes voluntary board members) for the licensee/provider. Attach additional sheets if necessary.

TITLE	FULL NAME	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO			
President			
Vice President			
Secretary			
Treasurer			
Other:			

C. Voluntary Board Members and Officers of Licensee

Provide the following information for **each person that serves as a voluntary board member** for the licensee/provider. Attach additional sheets if necessary. A Voluntary Board Member Affidavit must be attached for each voluntary board member.

FULL NAME	BUSINESS ADDRESS	TELEPHONE NUMBER	AFFIDAVIT ATTACHED Yes / No

3. Management Company Controlling Interests

If a company other than the licensee manages the licensee/provider, complete the following information:

A. Individual and/or Entity Ownership of Management Company

Provide the following information for **each person or entity (corporation, partnership, association) with 5% or greater ownership interest** in the management company. Attach additional sheets if necessary.

FULL NAME of INDIVIDUAL or ENTITY	BUSINESS ADDRESS	TELEPHONE NUMBER	EIN	% OWNERSHIP INTEREST

B. Board Members and Officers of Management Company

Provide the following information for **each person that serves as an officer or is on the board of directors** (excludes voluntary board members) for the management company. Attach additional sheets if necessary.

TITLE	FULL NAME	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO			
President			
Vice President			
Secretary			
Treasurer			
Other:			

C. Voluntary Board Members and Officers of Management Company

Provide the following information for **each person that serves as a voluntary board member** for the management company. Attach additional sheets if necessary. A Voluntary Board Member Affidavit must be attached for each voluntary board member.

FULL NAME	BUSINESS ADDRESS	TELEPHONE NUMBER	AFFIDAVIT ATTACHED Yes/No

4. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee subject to this part which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, unless a repayment plan is approved by the agency.

A. Are there any incidences of outstanding fines, liens or overpayments as described above?

YES NO

B. If yes, please complete the following for each incidence (attach additional sheets if necessary):

1. Amount: \$ _____

2. Assessed by: Agency for Health Care Administration
 Centers for Medicare and Medicaid Services

3. Date of related inspection, application, or overpayment period if applicable: _____

4. Due date of payment: _____

5. Is there an appeal pending from a Final Order? YES NO

6. Please attach a copy of the approved repayment plan if applicable.

5. Affidavit

I, _____, hereby swear or affirm that the statements in this application are true and correct.

Signature of Licensee or Authorized Representative

Title

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, _____ by _____.

This individual is personally known to me or produced the following identification: _____

Notary Public

NOTARY SEAL: