



Dear Provider,

Enclosed is the information you will need to submit to our office to process your Birth Center's change in ownership.

According to KAR 28-4-1304:

(a) "Each person shall obtain a temporary permit or a license from the secretary to operate a birth center before providing any birth center services.

(b) New temporary permit or license required. Each applicant or licensee shall submit a new application, the required verifications and documentation, and license fee and shall obtain a temporary permit or a license from the secretary under the following circumstances, (3) if there is a change in ownership of the birth center.

(1) Any licensee may submit a request for an amended license. Each licensee who intends to change the terms of the license, including the maximum number of patient to be serviced, shall submit a request for an amended license on a form provided by the department and a nonrefundable amendment fee of \$35.

(2) The licensee shall make no change to the terms of the license unless permission is granted, in writing by the secretary. If granted, the licensee shall post the amended license, and the previous license shall no longer be in effect. Return the original application and fee to Health Facilities Program, and keep a copy for your records."

Please complete and return this application and the change in ownership fee **within 7 days to:**

**Kansas Department of Health and Environment
Bureau of Community Health Systems-Health Facilities Program
Curtis State Office Building
1000 SW Jackson Street, Suite 330
Topeka, Kansas 66612-1365**

Please forward all additional requested documents, policy and procedures **within 30 days** to the same address.

Upon receipt of change in ownership application, our office will issue the Temporary Operating Permit, which will expire in 90 days from issuance. During this time, you will be expected to be in full compliance of the Kansas laws and regulations for Birth Centers licensure.

If you have any questions about the change in ownership process, please contact Lois at (785) 296-1258.

Thank you,

James Perkins, Director
Health Facilities Program

Enclosure

Kansas Department of Health & Environment
Bureau of Community Health Systems
Health Facilities Program
Birth Center Application for Change in Ownership

Part I-Birth Center Transaction Type:

This form shall be used only for a Birth Center Change in Ownership.
Please contact our office at (785) 296-1258 for questions about any other activity.

For Change in Ownership-Submit the following documents:

- Completed application form for licensure, supplying new Center name (as you would like it to appear on the license);
- License fee of \$35.00 payable to Kansas Department of Health and Environment;
- The most recent copy of the Life Safety Code Survey and the Plan of Correction.
 - Fire Safety Information:
 - To access fire safety information you may contact the State Fire Marshal's Office at (785) 296-3401 or at their website at www.accesskansas.org/firemarshal.

The following documents;

- Written policies detailing the following:
 - Organizational chart;
 - Services offered;
 - Staff number and qualifications for the various staff positions;
 - Equipment and supplies maintained at the Center;
 - Admission and discharge criteria;
 - Criteria for transfer to the hospital for which the Center has an agreement;
 - Outline of prenatal education curriculum;
 - Plan for newborn care;
 - Hospital and ambulance service agreements;
 - Agreements with pediatrician and obstetrician or a group of such practitioners for emergency service;
 - All administrative, human resource and clinical policies and/or procedures satisfying KAR 28-4-1305-1318.

Attestation, with each section completed and all boxes checked or initialed.

A copy of the ownership closing documentation that indicates the percentage of each owner.

After the closure date Health Facilities Program will need to receive a copy of the notarized the Bill of Sale for the birth center for our records.

Part II-Birth Center Identifying Information:

Old Name of Birth Center _____

New Name of Birth Center: _____

Street Address _____ City _____ County _____ Zip Code _____

Public Telephone No.: _____ Web Address: _____

Public Fax No.: _____

Maximum number of Birth Recovery Rooms: _____

Previous Owner(s) Name _____

Anticipated Closure Date of Sale _____

Administration:

Name of the Administrator who oversees the operation of the birth center:

Discipline of Administrator: _____ License No.: _____

Telephone No.: _____ Email: _____

Fax No. _____

Clinical Director Name: _____

Discipline of Clinical Director: _____ License No.: _____

Telephone No.: _____ Email: _____

Acting Clinical Director Name: _____

Discipline of Acting Clinical Director: _____ License No.: _____

Telephone No.: _____ Email: _____

_____ ****Do not write below this line**** _____

License Effective Date: _____ License ID No.: _____

Annual Renewal Date: _____ Reviewed By: _____

Part III-Disclosing Entity Information: Type of Entity

- Corporation for-profit Corporation nonprofit Professional Association
- Limited Liability Company Joint Venture Sole Proprietorship Partnerships

Complete the boxes below with the information as follows for The Disclosing Entity listed above.

- List the name(s) and addresses of each person who has any direct or indirect ownership of **5 percent** or more in entity listed above. *Please list percentage of ownership for each holder.*
- List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
- If the disclosing entity is organized as a corporation, attach a list showing the names and address of each officer and director.
- If the disclosing entity is organized as a limited partnership or limited liability company please describe each limited liability for each 5 percent owner, and for all general partners. *Please list percentage of ownership for each owner.*
- If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e, county commissioner).

INDICATE WITH "X"					Individual name	Address	City	State
1. Owner	2. Mortgageor	3. Director or Officers	4. Limited liability Describe for each limited Partnership & Limited liability for Each 5 % owner, and For all general partners.	5. Elected Officials	or provide an attachment			

Services Provided:

List the Services provided at this Birth Center: (feel free to add an attachment)

- _____
- _____
- _____
- _____
- _____
- _____

Personnel Information:

Number of Health Professionals Employed at this Birth Center			
	Total Number	Full-time Staff	Part-time Staff
Physicians			
Certified Nurse Midwife's			
Certified Professional Midwife			
Certified Midwife			
Registered Nurses			
Licensed Practical Nurses			

AGREEMENTS AND AUTHORIZED SIGNATURE(S). Read each statement and sign the application when completed.

I/We the undersigned, am/are the person(s) named as the Licensee or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this center and understand that it is my/our responsibility to maintain the center in compliance with applicable laws and regulations at all times.

In accordance with K.S.A. 44-1009, I/we shall not exclude any person from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury that to the best of my /our knowledge that the information provided in this application is true and correct.

Print Name (Owner)

Print Name (Owner)

Signature Title

Signature Title

Date

Date

Telephone Number

Telephone Number

<p>Return the application & submit the fee to: Kansas Department of Health & Environment Bureau of Community Health Systems Health Facilities Program 1000 SW Jackson St., Suite 330 Topeka, Kansas 66612</p> <p>Phone (785) 296-1258 Fax (785) 559-4250</p>
