

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Community Health Systems
Health Facilities Program
1000 SW Jackson St., Suite 330
Topeka, Kansas 66612-1274
Phone (785) 296-1258 Fax (785) 559-4250

Initial Kansas Birth Center License Application

SECTION 1

INTENT OF THE APPLICANT

- This will be a new Center This is a Center that is currently licensed but we are planning a:
 Move to a new location A change in ownership, effective _____

SECTION 2

FACILITY INFORMATION (Please print)

Official name of the Center (as should be stated on the license):

Physical Address of the Center:

Address _____ City _____ County _____ Zip _____

Telephone Number: _____ Fax: _____ Email: _____

Contact person/title: _____

Mailing Address (if different than the physical address):

Address _____ City _____ Zip _____

Clinical Director Name and Credentials: _____

Acting Clinical Director Name and Credentials: _____

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Maximum number of Birth Recovery Rooms: _____

Do not write below this line

License Effective Date: _____ **License ID No.:** _____

Annual Renewal Date: _____ **Reviewed By:** _____

SECTION 3

LEGAL OWNER/OPERATOR INFORMATION (Please print)

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.

1. 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 the percentage of ownership pre holder.*
2. 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.
3. If the disclosing entity is organized as a corporation, attach a list showing the names and address of each officer and director.
4. 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 the percentage of ownership pre holder.*
5. 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			

SECTION 4

SERVICE SUMMARY (Please print)

Provide a summary of the services you plan to provide.

SECTION 5

PHYSICAL PLANT (Please print)

This facility is: A new construction An existing building

This facility is connected to: Public water Public sewer Well water* Septic Tank/Lagoon*

*If not on public water/sewer, the annual approval of water supply and sewage disposal is required.

SECTION 6

PREVIOUS LICENSURE (Please print)

Have you had a license for a Birth Center in the state of Kansas before? Yes or No

If yes, please provide the name of the Center, license number address and year(s) of operation.

Name	Address	State ID No.:
Year(s) of Operation _____		

SECTION 6

SUBMIT THE DOCUMENTATION LISTED BELOW WITH YOUR COMPLETED APPLICATION.

1. Signed Statement of Attestation Form (All boxes must be check and spaces complete for the attestation to be accepted.)
2. Licensing fee (Attach a check or money order for the \$75.00 initial licensing fee)
3. Directions to the Center
4. Evidence of fire safety approval by the State Fire Marshal
5. Articles of Incorporation and Bylaws (as applicable)
6. Floor plans, including size and arrangement of rooms, windows and exits, and designated use.
7. Description of the type of construction.
8. Approval of well/water/sewage disposal system, if not using public services.
9. Written verification from local authorities indicating the premises are in compliance with all local codes, ordinances, including all building, fire and zoning requirements.
10. Evidence of specific arrangements made for the removal of biomedical waste and human tissue from the premises.
11. A detailed organizational chart designating lines of authority.
12. Evidence that the Clinical Director and Acting Clinical Director is a physician licensed to practice medicine in the state of Kansas or a certified nurse midwife.
13. A list of proposed staff numbers and qualifications.
14. A list of the equipment and supplies that are to be maintained at the Center.
15. The Center’s admission and discharge criteria, approved by the Clinical Director.
16. The Center’s criteria for transfer, approved by the Clinical Director.
17. Evidence that the Center has a transfer agreement with a hospital in close proximity.
18. An outline of the prenatal education curriculum and education plan.
19. A written proposal for the plan of care for newborns.
20. A copy of the hospital service agreement.
21. Copy of the ambulance service agreement.
22. A copy of the agreement with a pediatrician and an obstetrician or a group of such practitioners for emergency service(s).

SECTION
AGREEMENT AND SIGNATURE

I/We, the undersigned (am/are the persons) named as the Applicant or the authorized representatives) of the owner listed above.

I/We have read the laws and regulations' governing the operation of this Center and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all licensing laws and regulations governing birthing (maternity) centers at all times.

I/We understand that a new application may take up to 90 days for processing by the Kansas Department of Health and Environment (KDHE) once KDHE receives a complete application. I/We understand that I/we are not authorized to provide birthing (maternity) services prior to receiving a license from KDHE.

In accordance with Kansas Statues Annotated 44-1009, I/we shall not refuse service to any person 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.

Authorized Signature

Title

Date

Authorized Signature

Title

Date