

Statement of Attestation for Birth Centers

As an authorized representative of _____
Center Name and Address

Check each item:

- I attest that I have reviewed each state requirement for licensure of a birth center and this agency is in compliance with KAR 28-4-1300-KAR 28-4-1318 and any amendments thereto.
- I further attest that the applicant is at least 21 years of age at the time of this application and that the applicant is in compliance with KSA 65-504 through 65-508, and amendments thereto, KSA 65-512 and 65-513, and amendments thereto and KSA 65-531, and amendments thereto.
- I further attest that the agency:
 - Has, if owned by a corporation, registered that corporation with the Kansas Secretary of State's office and is currently in good standing with the Kansas Secretary of State;
 - Will use advertising which conforms to the statement of services included in the application;
 - Understands that a birth center license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with birth center licensure law, regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;
 - Understands that KDHE may conduct survey inspections at any time during normal business hour and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;
 - Will notify the Bureau of Community Health Systems, Health Facilities Program of changes in the address, administrator, clinical director, ownership, services offered, and other material circumstances including close of the Center;
 - Will appoint and constantly have in place a Clinical Director and Acting Clinical Director that meets the requirements of KAR 28-4-1306(a);
 - Understand that this document is a public record;
 - I certify that all information given is true and correct and I am authorized to represent the governing body, corporation, individual, or partnership in whom is vested the responsibility for operation of the agency.

Signature/Title

Date