MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
HEALTH FACILITY REGULATION

APPLICATION FOR BIRTHING CENTER LICENSE

P.O. BOX 570
JEFFERSON CITY, MISSOURI 65102-0570

☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION

In accordance with the requirements of the Missouri Ambulatory Surgical Center Licensing Law (Sections 197.200 through 197.240, RSMo), application is hereby made for a license to conduct and maintain a Birthing Center [see 19 CSR 30-30.80 Definitions and Procedures for Licensing Birthing Centers, (1)(B)(2)].

DO NOT WRITE IN THIS SPACE

LICENSE NO.
DATE
CERTIFICATE NO.
DATE MAILED

NAME OF FACILITY (NAME TO APPEAR ON LICENSE) | TELEPHONE NO.

ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)

COUNTY | ADMINISTRATOR

MANAGEMENT

NON PROFIT

☐ CORPORATION

☐ OTHER (SPECIFY)

PROPRIETARY

☐ INDIVIDUAL ☐ CORPORATION

☐ PARTNERSHIP ☐ OTHER (EXPLAIN)

CHIEF OFFICER OF GOVERNING BODY | LEGAL NAME OF OPERATING CORPORATION

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

OB/GYN CONSULTANT

NAME

QUALIFICATIONS

STAFFING (NUMBERS)

PERSONNEL	PHYSICIANS	CERTIFIED NURSE MIDWIFE

CERTIFICATION

_____ and _____
PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP — ADMINISTRATOR

being duly sworn by me on their oath, deposes and says that they have read the foregoing application and that the statements contained therein are correct and true and of their knowledge; and further gives assurance of the ability and intention of the _____ Ambulatory Surgical Center to comply with the
EXACT LEGAL NAME

regulations and codes promulgated under the Missouri Ambulatory Surgical Center Licensing Law (19 CSR 30-30.80).

It is further certified that the _____ will comply with all
NAME OF FACILITY

recommendations for correction and/or improvements as contained in the most recent Licensing Survey Report prepared by the Department of Health and Senior Services and submitted to said Ambulatory Surgical Center.

PRESIDENT OF BOARD OF TRUSTEES, OWNER OR ONE PARTNER OF PARTNERSHIP ▶ | ADMINISTRATOR ▶

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL

STATE | COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS
DAY OF YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)