MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
HEALTH FACILITY REGULATION
APPLICATION FOR AMBULATORY SURGICAL CENTER LICENSE

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 an Ambulatory Surgical Center (see Missouri Ambulatory Surgical Center Licensing Law "Definitions" Section 197.200, subsection (1), RSMo).

NAME OF FACILITY (NAME TO APPEAR ON LICENSE)

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

COUNTY ADMINISTRATOR

MANAGEMENT

NON PROFIT

□ CORPORATION

□ CORPORATION

□ OTHER (SPECIFY)

□ INDIVIDUAL

□ PARTNERSHIP

□ PROPRIETARY

□ OTHER (EXPLAIN)

CHIEF OFFICER OF GOVERNING BODY

LEGAL NAME OF OPERATING CORPORATION

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

ACTIVE STAFF

TOTAL PHYSICIANS DENTISTS PODIATRISTS

CERTIFICATION

STATE OF MISSOURI

City of ____________________________

County of ____________________________

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 regulations and codes promulgated under the Missouri Ambulatory Surgical Center Licensing Law (section 197.200 through 197.240, RSMo), Regulations and Codes.

It is further certified that the ____________________________ will comply with all 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.

Signed ____________________________

PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP

Signed ____________________________

ADMINISTRATOR

Signed and sworn to before me this ____________________________ day of ____________________________, 20__

__________________________

NOTARY PUBLIC

My commission expires ____________________________, 20__