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)].

NAME OF FACILITY (NAME TO APPEAR ON LICENSE)

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

TELEPHONE NO.

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

STAFFING (NUMBERS)

NAME

PERSONNEL

PHYSICIANS

CERTIFIED NURSE MIDWIFE

QUALIFICATIONS

CERTIFICATION

and

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 (19 CSR 30-30.80).

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.

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

ADMINISTRATOR

NOTARY PUBLIC EMBOSSED OR BLACK INK RUBBER STAMP SEAL

STATE

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

COUNTY (OR CITY OF ST. LOUIS)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 880-2020 (8-01)