MISSOURI DEPARTMENT OF HEALTH
HOSPITAL LICENSING AND CERTIFICATION
**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 Missouri Ambulatory Surgical Center Licensing Law "Definitions" Section 197.200, subsection (1), RSMo).

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) (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

STAFFING (numbers):

PERSONNEL PHYSICIANS

OB/GYN CONSULTANT
NAME:
QUALIFICATIONS:

NO. OF ABORTIONS PER YEAR

CERTIFIED NURSE MIDWIFE

STATE OF MISSOURI

City of _____

County of _____

_____ (PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP) and _____ (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 _____ (EXACT LEGAL NAME) Ambulatory Surgical Center to comply with the regulations and codes promulgated under the Missouri Ambulatory Surgical Center Licensing Law (sections 197.200 through 197.240, RSMo), Regulations and Codes.

It is further certified that the _____ (NAME OF FACILITY) 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 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 _____, 19____

_____ (NOTARY PUBLIC)

My commission expires _____, 19 ____

MO 580-0013 (11-86) HL 16 (R1/87)