
AMBULATORY CARE: COSMETIC SURGICAL FACILITY APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

APPLICATION FOR LICENSE

Once all required application paperwork and the fee is received, an OHCO representative will contact your program to schedule a date for an initial State licensure inspection. A State license will be issued based on the results of the on-site inspection.

FEE

The non-refundable application fee is \$3,000.

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

REQUIRED APPLICATION SECTIONS

General Information
Fees
Ownership
Background
Workers' Compensation
Cosmetic Surgical Facility
Affidavit

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. The facility must submit a copy of the accreditation certificate and/or status letter from:
(a) The American Association for Accreditation of Ambulatory Surgical Facilities; The Accreditation Association for Ambulatory Health Care; The Joint Commission; An accreditation organization approved by the Secretary; or (b) Proof of certification to participate in the Medicare Program, as enacted in Title XVIII of the Social Security Act.
 2. Policies and procedures.
 3. A written description of the quality assurance program.
 4. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at COC@wcc.state.md.us.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.12.03

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
 - B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
 - C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).
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QUESTIONS

Please contact 410-402-8040 or visit the OHCO website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

Ambulatory Care Program
OHCO
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
