



Licensure as a Rural Free Standing Emergency Department

Pursuant to Healthcare Facility Regulation’s rules governing hospitals (Chapter 111-8-40), any facility that meets all of the following criteria may apply for licensure as a rural free standing emergency department:

1. is currently licensed by Healthcare Facility Regulation (HFR) as a hospital or was previously licensed by the Department as a hospital and such license expired within the previous 12 months;
2. is located in a rural county as defined by O.C.G.A. § 31-6-2(32);
3. is located no more than 35 miles from a licensed general hospital;
4. is open 7 days a week, 24 hours a day; and
5. provides non-elective emergency treatment and procedures for periods continuing less than 24 hours.

A licensed rural free standing emergency department may also provide any of the additional services as outlined in Rule 111-8-40-.02.

Licensure Application & Checklist

Please review the enclosed application carefully and direct any questions to HFR using the contact information provided below. The following checklist is intended to provide general information regarding the written documents that must be submitted to HFR to apply for licensure as a rural free standing emergency department. HFR recommends submitting the completed application and other requested documentation no later than six (6) to eight (8) weeks prior to the planned opening date of the facility:

	Item	Done?
1	From Office of Health Planning in the DCH Healthcare Facility Regulation Division – Acknowledgement that the hospital Certificate of Need (CON) authorization is still active.	
2	Completed Application for a Permit to Operate a “Rural Free Standing Emergency Department” .	
3	Completed Application and Initial License Fee Coupon with payment as directed on the coupon.	
4	Completed Notarized Affidavit(s) RE: Personal Identification FOR EACH OWNER .	
5	Written request to conduct an initial licensure survey–include date hospital will be ready for survey.	
6	Statement from the local (city or county) fire safety authority stating that an inspection has been made of the premises and that state and local fire safety requirements have been met and the facility is approved for occupancy.	

For more information, please call or send your written questions via mail or email to:

Marsha Fricks, Director
 Acute Care Section
 Healthcare Facility Regulation Division
 Georgia Department of Community Health
 2 Peachtree Street, NW Suite 31.447
 Atlanta, GA 30303-3142
 404-657-5440
 E-Mail: mjfricks@dch.ga.gov

DEPARTMENT OF COMMUNITY HEALTH
 HEALTHCARE FACILITY REGULATION DIVISION
 2 PEACHTREE STREET N.W.
 SUITE 31.447
 ATLANTA, GA 30303-3142
 404-657-5440

APPLICATION FOR A PERMIT TO OPERATE A RURAL FREE STANDING EMERGENCY DEPARTMENT
 (PLEASE TYPE or PRINT)

Pursuant to provisions of O.C.G.A. 31-7-1 et seq, application is hereby made to operate the rural free standing emergency department which is identified as follows:

SECTION A: IDENTIFICATION

Date of Application _____ **Effective Date for Any Change** _____

Type of Application	<input type="checkbox"/> Conversion	<input type="checkbox"/> Change of Ownership (CHOW)*	*Entities intending to purchase a nonprofit hospital must submit evidence of approval from the state Attorney General's Office re: compliance with Georgia House of Representatives, House Bill 600 (HB600).	
	<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Governing Body Name Change	
	<input type="checkbox"/> Services Change	<input type="checkbox"/> Provider Information Update	<input type="checkbox"/> Other _____	

Hospital Classification: RURAL FREE STANDING EMERGENCY DEPARTMENT

Trade Name of Facility _____

Administrator _____ Title _____

Street Address _____ City _____ County _____ Zip+4 _____

Phone: () _____ - _____ FAX: () _____ - _____ E-Mail Address: _____

Mailing Address (if different from Street Address) _____

Official Name and Address of Governing Body _____ Principal Officer of Governing Body _____

Legal (Corporate) Name of Owner of Facility _____

For Name Change or CHOW: Indicate **previous name** of facility or **previous owner** _____

Agent For Service (name) _____ Address _____ Phone Number _____

SECTION B: TYPE OF OWNERSHIP (Check only one)

PROPRIETARY (PROFIT):		NON-PROFIT:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> State	<input type="checkbox"/> Hospital Authority
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> County	<input type="checkbox"/> Church
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> City	<input type="checkbox"/> Other (Specify) _____

SECTION C: BED CAPACITY

Total number of **Health Planning Unit - Authorized (CON)** beds: _____

SECTION D: SERVICES TO BE PROVIDED (organized services only)

<input checked="" type="checkbox"/> Emergency Department _____	<input type="checkbox"/> Surgical	<input type="checkbox"/> Other	
<input type="checkbox"/> Non-elective Emergency Treatment and Procedures	<input type="checkbox"/> Elective Out-Patient Surgical Treatment	<input type="checkbox"/> Out-Patient Services	<input type="checkbox"/> Basic Obstetric Services and Gynecology Treatment

SECTION E: Attach Affidavit of Lawful Presence

SECTION F: CERTIFICATION

I certify that this facility will comply with all Rules and Regulations for Hospitals, Chapter 111-8-40, as applicable. I further certify that the above information is true and accurate to the best of my knowledge.

Signature _____ Title _____ Date _____

For Department of Community Health Use Only

Date Received _____ Reviewed By _____

Classification of Facility:

Rural Free Standing Emergency Department

Bed Capacity: Total Number of **HP Authorized (CON)** beds: _____

Permit Number: _____

Effective Date: _____

Recommend Approval: _____
Director

INSTRUCTIONS FOR COMPLETING AFFIDAVIT REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—BUT DO NOT SIGN THE AFFIDAVIT at this time. (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.
6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.
7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.
8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.

9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: [http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/Tribal Directory/ind/ex.htm](http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

Rural Free Standing Emergency Department
(Issued: May 19, 2014)

Date of Worksheet Update (MMDD): _____

Name of Facility: _____

Facility Address: (Include City, State, and Zip Code):

State County: _____

Telephone Number: _____ Fax Number: _____

CEO Telephone Number: _____

Email Address: _____

Facility Website Address: _____

Former Name of Facility: _____

Date of Closure: _____

Written Agreement with General Hospital within 35 Miles: YES NO

Name/Address of above General Hospital: _____

CLIA ID Number: _____

Indicate Number of Staff per Category			
Nurses – CRNA		Physicians	
Nurses – Practitioners		Physician Assistants (Pas)	
Nurses – Registered		Pharmacists (Registered)	
Nurses – LPN		Radiology Technicians	
Dieticians		Respiratory Therapists	
Medical Laboratory Technicians		Psychologists	
Medical Technologists (Lab)			

Services Provided by the Facility:

- 0 *Not Provided*
- 1 Serviced provided by facility staff only
- 2 Services provided by arrangement or agreement
- 3 Services provided through a combination of facility staff and through agreement

Indicate Services Provided Using Number Codes Identified Above			
Non-elective Emergency Treatment and Procedures (list types of services):		Elective Out-Patient Surgical Treatment (list types of services):	
Radiology (list types of services):		Outpatient Services (list types of services):	
Dietetic Service			
Emergency Department			
Laboratory			
Obstetric Services (Basic) and Gynecology Treatment			
Pharmacy			
Respiratory Care Services			

Checklist for Initial Licensure Survey- Rural Free Standing Emergency Department

Note: The following checklist provides a general overview of the documentation that the facility should have available for Healthcare Facility Regulation's review during an on-site survey. This checklist is provided as a courtesy and is not an exhaustive list of the documents that may be requested or reviewed.

1. Governing Body Bylaws.
2. Minutes of the governing body and its committees, if any.
3. Copy of the facility's organizational chart.
4. List of all contracts, and the contracts.
5. Most recent fire inspection report.
6. Record of fire and disaster drills, if applicable.
7. Current fire, evacuation and disaster plan.
8. Copy of the facility's floor plan indicating locations of patient care areas and departments.
9. Diet manual, if applicable.
10. If food service is contracted, the current contract governing such arrangements.
11. Employee list with job titles, and job descriptions.
12. Infection control plan.
13. CLIA Certificate.
14. Medical staff bylaws, rules, and regulations.
15. Minutes of meetings of the medical staff and its committees, if any.
16. Minutes of recent departmental meetings, if any.
17. Current list of medical staff and specialty.
18. Current policy and procedural manuals.
19. Designated contact person for each area, with phone/pager number.