

NARCOTIC TREATMENT PROGRAM APPLICATION CHECKLIST

For your convenience, an application checklist has been created to outline the required documents for each application submission. Please upload all required documents in the Narcotic Treatment Program (NTP) application packet. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request. **To prevent any delays in the application review process, please submit all documents at once.**

Upon application submission and payment, if required, you will receive an acknowledgement email. Applications are reviewed in the order they are received by our office. The initial review time frame is **60 business days** from the application submission date. Failure to submit documents accurately and timely can result in a longer review period.

The official rules for Narcotic Treatment Programs are on record with the Georgia Secretary of State's Office at <http://rules.sos.state.ga.us/>. A courtesy copy of the rules for Narcotic Treatment Programs can be found on Healthcare Facility Regulation Division website at <https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/hfr-laws-regulations> .

The link to access the online application portal is <https://forms.dch.georgia.gov/Forms/HFRD-Applications-and-Waivers-Intake> . All written correspondence regarding the status of your application will be sent to the email address provided on your application. If additional documentation is requested, you will receive an email from workflow@dch.ga.gov. **Please open the email from workflow@dch.ga.gov , click on the link at the bottom of the email OR copy and paste the entire link in browser, and upload the requested documents.** Please continue to monitor your email, including your Junk/Spam folder for emails from workflow@dch.ga.gov . **DO NOT REPLY TO workflow@dch.ga.gov** . This is an automated response, and replies will not be read.

For information regarding Change of Ownership (CHOW), please review Frequently Asked Questions on DCH website - <https://dch.georgia.gov/divisionsoffices/hfrd/facilities-provider-information/hfrd-chow-faq> .

For questions regarding NTP Regulations, surveys, plan of corrections, permits, facility letters, Administrator and/or contact information update, i.e., email address, phone numbers, email the Behavioral Health Team at hfrd.drug@dch.ga.gov.

For general application questions, email the HFRD Applications and Waivers Team at hfrd.applicationswaivers@dch.ga.gov .

Note: Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license.

Change of Ownership (CHOW)

1. Application - completed and signed by the Owner
If a corporation - include Certificate of Incorporation and Articles of Incorporation for ALL corporations having an interest in the narcotic treatment program
If partnership - include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for

ALL LLCs with an interest in the narcotic treatment program
If a non-profit - include documentation of non-profit status [501(c) 3]
If Individual - include statement of all owners and percentage of ownership.
IRS Business Tax Identification Proof of Identity

2. Notarized Affidavit of Personal Identification **and** copy of photo ID
3. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
4. Copy of the executed legal transaction documents for the business entity (Bill of Sale, closing documents, etc.). The document(s) must be signed by the previous governing body/owner and disclose the effective date of change of ownership/closing.

Note: While the sale is pending, the CHOW application can be submitted and note that the bill of sale will be submitted when the sale is completed. This will allow HFR to start the review process prior to the ownership change.

5. Submit a Criminal History Background check for Administrators and Owners with 10% or more ownership interest.
6. Submit a copy of the Pharmacist license for the "Pharmacist in Charge". Rule 111-8-53-.10(2)(g).
Applicable only if there is a staff change.

Relocation

1. Application - completed and signed by the Owner
2. Documentation of city/county zoning approval or applicable documents
3. Notarized Affidavit of Personal Identification **and** copy of photo ID
4. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
5. Fire Safety Inspection Report **or** Certificate of Occupancy performed by the state fire marshal, the proper local fire marshal or state inspector, with no violations or hazards. **(The inspection must be dated within 12 months of application submission date).**
6. Certificate of Occupancy for the building
7. Pest Control Agreement or Invoice
8. Sanitation Agreement or Invoice
9. Bio-hazard Waste Agreement

Facility Name Change

1. Application - completed and signed by the Owner
2. Notarized Affidavit of Personal Identification **and** copy of photo ID

Governing Body Name Change (Not a Change of Ownership)

1. Application - completed and signed by the Owner
If a corporation - include Certificate of Incorporation and Articles of Incorporation for ALL corporations having an interest in the narcotic treatment program
If partnership - include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for ALL LLCs with an interest in the narcotic treatment program
If a non-profit - include documentation of non-profit status [501(c) 3]
If Individual - include statement of all owners and percentage of ownership.
IRS Business Tax Identification Proof of Identity
2. Notarized Affidavit of Personal Identification **and** copy of photo ID
3. Provide a letter on business letterhead explaining the governing body name change and the effective date.



APPLICANT'S STATEMENT OF RESPONSIBILITY

The undersigned, representing the governing body, submits this application for licensure pursuant to O.C.G.A. 26-5-45 and certifies that this facility will comply with said statute and the Rules and Regulations for Narcotic Treatment Programs (Ga. Comp. R. & Regs. 111-8- 53 et seq.). I certify that this facility is in compliance with all administrative and procedural requirements pertaining to the Narcotic Treatment Program. I understand that our license is non-transferable and must be returned to the Healthcare Facility Regulation Division if the facility closes, changes location or governing body.

I certify that this application and all attachments are true and accurate. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true. I understand that providing false information may result in my application for licensure being denied or, where the entity is already licensed, a suspension or revocation of that license. I understand that falsification of this application may subject me to criminal prosecution and civil money penalties.

I certify that I will notify the State of Georgia, Department of Community Health, Healthcare Facility Regulation Division if there are any future substantive changes in facility operation, and that written notice will be given before the effective date of the change. I hereby swear and affirm that I am over the age of 21 and I am otherwise competent to sign this application.

**By my signature below, I (print name) _____
affirm that I have read and understand the Rules and Regulations for Narcotic
Treatment Programs and I am prepared for an onsite inspection.**

Applicant Signature

Date



AFFIDAVIT OF COMPLIANCE

I, _____, the undersigned duly authorized representative of (Name of Owner/Applicant)

_____, hereby attest that in furtherance of its application (Governing Body)

for licensure, said entity has developed Policies and Procedures and forms mandated under the Rules and Regulations indicated below. If the application for licensure is approved by the Department, these policies and procedures shall be implemented immediately by the facility. Additionally, _____ understands that once licensed, it is

(Governing Body)

subject to unannounced periodic inspections at which time the Policies and Procedures shall be readily available for review for sufficiency and compliance with applicable Rules and Regulations. Deficient Policies and Procedures may subject the facility to sanctions pursuant to Ga. Comp. R. & Regs. 111-8-25.

This _____ day of _____, 20__.

Signature of Authorized Representative

Business/Facility Name

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

NOTARY PUBLIC
My Commission Expires:



ATTACHMENT (B)

APPLICATION FOR NARCOTIC TREATMENT PROGRAM (NTP)

Initial _____ Relocation _____ Facility Name Change _____ Change of Ownership _____ Governing Body Change _____

LIST THE NTP REGION NAMES: _____

1. FACILITY NAME (primary dispensing location):

- Name which the facility is advertised or presented to the public. This is the name that will be printed on your license. Refer to this facility name in all inquiries

2. FACILITY SITE ADDRESS: (NO P.O. BOX ADDRESS IS ACCEPTABLE)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

*Phone must be installed and operable prior to licensing. Cannot be a cell phone.

3. FACILITY CORRESPONDENCE MAILING ADDRESS:

Name of Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

4. ADMINISTRATOR NAME: _____

5. CLINICAL DIRECTOR NAME: _____

6. MEDICAL DIRECTOR NAME: _____

PRIMARY RESIDENCE ADDRESS: _____

PRIMARY OFFICE ADDRESS: _____

RULE 111-8-53.10(1)(c)



7. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Full legal name of individual, partnership, corporation or other legal entity, which owns the Narcotic Treatment Program, is required. "Owner" means any individual or any person affiliated with the corporation, partnership, or association with 10 percent or greater ownership interest in a business or agency licensed as a narcotic treatment program Rule 111-8-53-.03(t). This entity is responsible for financial and contractual obligations of the business and will be recorded as the licensee on the license.

(a) Name of Governing Body: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email: _____

(b) Legal entity is: _____ For Profit _____ Not for Profit

(c) Legal entity is: _____ Proprietorship
_____ Corporation _____ Limited Liability Company
_____ Partnership _____ Limited Liability Partnership

(d) List names and addresses of all owners with ten (10%) or more interest: (attach additional sheets if necessary) _____

(e) For corporations, list names, titles and addresses of the officers of the corporation: (attach additional sheets if necessary) _____

(f) For partnerships, list names and addresses of all partners: (attach additional sheets if necessary) _____

(g) Is the medical director currently the Medical Director at another Narcotic Treatment Program in Georgia? YES _____ NO _____

If "Yes", list the facility's name(s) and address. (Rule 111-8-53-10(c))



(h) Has any program that this governing body, program director, or medical director have had an ownership interest in, ever been fined, suspended, or closed by any state narcotic authority, or by FDA or DEA? YES _____ NO _____

If "Yes", please attach a detailed explanation.

(i) Does the governing body, program director, or medical director have an ownership interest in any other Narcotic Treatment Program in Georgia or any other state? YES _____ NO _____

If yes, please attach a detailed explanation.

(j) Has any owner, partner, officer of the corporation, the program director, or the medical director ever been convicted of, or pled nolo contendere to, any crime in connection with controlled substances under any state or federal law?

YES _____ NO _____

If "Yes", please attach a detailed explanation, including the person's status with the criminal justice system (e.g. sentence completed, probation, parole).

Building Owner: If the above entity (partnership, corporation, etc.) does not own the building from which services are offered, please provide the following information:

Building Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

(k) Did you attend the Mandatory Information Forum? YES _____ NO _____

(l) Did you submit the Letter of Intent? YES _____ NO _____

APPLICANT'S STATEMENT OF RESPONSIBILITY

I certify that this program will comply with the Department of Community Health Rules and Regulations, 111-8-53, governing Narcotic Treatment Programs. I further certify that I will operate the program in compliance with all state and federal laws and regulations. I certify that the information contained on this application and the attached documents are true and correct.

Signature of Applicant/Governing Body Representative



ATTACHMENT (C)

O.C.G.A. §50-36-1(f)(1)(B) 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:

_____ I am a United States citizen.

_____ I am a legal permanent resident of the United States.

_____ 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(f)(1)(A), 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 _____

Printed Name of Applicant
NOTARY PUBLIC
My Commission Expires _____



ATTACHMENT (D)

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.

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

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), 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(g). 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 list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired 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]¹
- An unexpired 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]

¹ For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417



- An unexpired 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/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired 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]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired 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]

² Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.



- 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]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- 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)]

ATTACHMENT (E)

NTP DATA Helpful Links

<https://www.dch.gchexs.ga.gov>

<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<https://www.cdc.gov/drugoverdose/index.html>

<https://gbi.georgia.gov/gbi-crime-statistics-database>

<https://gbi.georgia.gov/crime-statistics>

<https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses>

<https://oasis.state.ga.us/oasis/webquery/qryDrugOverdose.aspx>

<http://www.countyhealthrankings.org/app/georgia/2016/measure/factors/138/data>

<http://www.senate.ga.gov/sro/Documents/StudyCommRpts/OpioidsAppendix.pdf>

<https://www.theguardian.com/us-news/2017/jun/20/opioids-us-hospital-visits-georgia>

<https://www.samhsa.gov/data/emergency-department-data-dawn>

<https://www.otpgeorgia.org/>

DISCLAIMER: Resources provided on the Helpful Links page are for informational purposes only and do not constitute an endorsement of any website or other sources. Readers should be aware that the websites listed may change or become unavailable. The Department is not responsible for access to any of these sites or information contained on the sites.

SCHEDULE OF LICENSURE ACTIVITY FEES

Licensure Activity	Fee	Frequency
Application Processing Fees: <ul style="list-style-type: none"> • New Application • Change of Ownership • Change in Service Level (Requiring on site visit) • Name Change 	\$300	Upon submission
Initial License Fee (Same as annual licensure activity fee for each program type)	Varies by program	Submitted prior to issuance of license
Involuntary Application Processing fee subsequent to unlicensed complaint investigation	\$550	
Follow-up visit to periodic inspection	\$250	License renewal date
LICENSES		
Adult Day Centers		
Social Model	\$250	Annually
Medical Model	\$350	Annually
Ambulatory Surgical Treatment Centers (ASC)*	\$750	Annually
Assisted Living Communities (ALC)		
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
Birthing Centers	\$250	Annually
Clinical Laboratories*	\$500	Annually
Community Living Arrangements*(CLA)	\$350	Annually
Drug Abuse Treatment Programs* (DATEP)	\$500	Annually
End Stage Renal Disease Centers (ESRD)		
1 – 12 stations	\$600	Annually
13 - 24 stations	1,000	Annually
25 or more stations	\$1,100	Annually
Stand Alone ESRD Facilities Offering Peritoneal Dialysis Only	\$800	Annually
Eye Banks	\$250	Annually
Home Health Agencies*(HHA)	\$1,000	Annually
Hospices*(HSPC)	\$1,000	Annually
Hospitals*		
1 to 24 beds	\$250	Annually
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
ICFMRs - Intermediate Care Facilities / MR (private)	\$250	Annually
Narcotic Treatment Programs (NTP)	\$1,500	Annually
Memory Care Certificate for Assisted Living/Personal Care Homes	\$200	Annually
Nursing Homes		
1 to 99 beds	\$500	Annually
100 or more beds	\$750	Annually
Personal Care Homes (PCH)		
2 to 24 beds	\$350	Annually
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually

Private Home Care Providers*(PHCP)	Per Service	
Companion Sitting	\$250	Annually
Personal Care Services	\$250	Annually
Nursing Services	\$250	Annually
Traumatic Brain Injury Facilities	\$250	Annually
X-ray Registration	\$300	Initial Application Only
MISCELLANEOUS FEES		
Civil monetary penalties as finally determined		Case-by-case basis
Late Fee – 60 days past due	\$150	Per instance
Permit replacement	\$50	Per request
List of Facilities by license type (electronic only)	\$25	Per request
ACCREDITATION DISCOUNT INFORMATION		
<p>*Eligible for a 25% discount if currently accredited by a nationally recognized accreditation organization approved by the department as having standards comparable to specific state licensure requirements and a complete copy of the current decision is submitted to the department at the time of annual license fee renewal. Currently the department will accept current accreditation at the level Medicare (CMS) accepts for deemed status from a CMS approved organization. Below is the list of the current accreditation organizations approved by this department.</p>		
Accreditation Organization		Program
Accreditation Association for Ambulatory Health Care (AAAHC)		Ambulatory Surgery
Accreditation Commission for Health Care, Inc (ACHC)		CLA, HHA, Hospice, PHCP
American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)		Ambulatory Surgery
American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)		CAH, ASC, Hospital
American Association for Blood Banks (AABB)		Clinical Laboratory
American Society for Histocompatibility and Immunogenetics (ASHI)		Clinical Laboratory
Center for Improvement in Healthcare Quality (CIHQ)		Hospital
Commission on the Accreditation of Rehabilitation Facilities (CARF)		CLA, DATEP, PHCP
COLA		Clinical Laboratory
College of American Pathologists (CAP)		Clinical Laboratory
Community Health Accreditation Program (CHAP)		Hospice, PHCP
Council on Accreditation (COA)		CLA, DATEP
Council on Quality and Leadership (CQL)		CLA, DATEP, PHCP
Det Norske Veritas Healthcare (DNV Healthcare)		CAH, Hospital
The Joint Commission (JC)		ASC, CAH, CLA, Clinical Laboratory, DATEP, HHA, Hospice, Hospital, PHCP

ANNUAL LICENSE RENEWAL PAYMENTS

The Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25, require licensed providers to pay licensure activity fees **annually**. The department no longer mails annual licensing fee invoices. ***The annual fees are due October 31st and collected through December 31st each year without penalty.*** A late fee of \$150 is automatically added to your balance on January 1st each year.

A new and simplified way to view and understand annual fees:

Fees paid between October and December 31st are good for the following **calendar** year. For example, if your annual fees are current, fees paid in November 2021 are good for Calendar year 2022.

Regardless of when your initial licensing fee was paid, the payment is good for that **calendar** year. For example, if you pay your initial license fee in June and are licensed in August 2021- The initial license fee is good for **calendar** year 2021. The renewal fee due in October 2021 is for calendar year 2022.

How and where to pay annual licensing fees:

You must pay your annual licensing fees in our payment web portal. This link is permanently located on the Healthcare Facility Regulation Home page. Here is the direct link for your convenience.

<https://forms.dch.georgia.gov/Forms/Payments>

The department accepts Visa, Mastercard, Discover and American Express. ACH payments are also accepted using your checking account.

LICENSURE ACTIVITY FEES COLLECTED BY THE DEPARTMENT ARE NOT REFUNDABLE.

If you have questions regarding annual licensing activity fees, please send your inquiry to:

HFRD.payments@dch.ga.gov