

With this submission, I apply on behalf of

(Full Organization Name)

Current CEO: _____

(Name and Title)

(Signature)

Organization Address: _____

City: _____

Zip: _____

Main Phone: _____

Main Fax: _____

(Name of Individual completing application)

(Title)

(Telephone number & extension)

(Email)

County: _____

Ownership/Affiliation by: _____

Number of years under present ownership: _____

Last Accreditation: _____

(Month/Year)

Accrediting Organizations

- The Joint Commission (TJC)
- American Osteopathic Association (AOA)
- Health Facilities Accreditation Program (HFAP)
- DNV Healthcare
- Other (Please specify): _____

Gross Annual Operating Expenses (last completed fiscal year): _____

Chair of Governing Board: _____

(Name/Title)

Medical Director: _____

(Name/Title)

GENERAL INFORMATION:

Ownership Type

- | | |
|---|---|
| <input type="checkbox"/> For-Profit | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Not-for-Profit | <input type="checkbox"/> State |
| <input type="checkbox"/> County | <input type="checkbox"/> City |
| <input type="checkbox"/> District | <input type="checkbox"/> State University |

License Type

- Acute Psychiatric
- Acute Rehabilitation
- General Acute Care

Emergency Department Designation

- Comprehensive
- Basic
- Standby
- None

State License Number: _____

Medi-Care Provider #: _____

Medi-Cal Contractor: _____

Medi-Cal Contract Provider#: _____

Medi-Cal Non-Contractor Provider #: _____

Optional Enclosure:

Photo of CEO and the organization's logo (high quality, 300 dpi or higher) for publication in the online statewide member directory.

BED COUNTS:

Total # of Licensed Beds: _____

Bed Types (provide number within each category):

- _____ Acute Medical/Surgical Beds
- _____ Acute Psychiatric Beds
- _____ Locked Acute Psych Beds
- _____ Unlocked Acute Psych Beds
- _____ Alcohol/Chemical Dependency Beds
- _____ Inpatient Rehabilitation Facility Beds
- _____ Skilled Nursing Beds
- _____ Residential Care Beds
- _____ Swing Beds

SPECIALIZED EMERGENCY SERVICES:

(indicated all services provided):

Emergency Services:

- _____ Emergency Department Approved for Pediatrics (EDAP)
- _____ EMSA Designated Trauma Center
- _____ HAZMAT Unit in the Emergency Department
- _____ Heliport or Helicopter Landing Area Adjacent
- _____ Paramedic Receiving Station

Other Services:

- _____ Hospice
- _____ Hospital-Based Clinics
- _____ Hospital-Based Home Health Agency
- _____ LPS 5150 Designation
- _____ Secured Correctional Unit