



## Freestanding Emergency Center (FEC) Initial Licensure Application

Pursuant to Section 32.5 of the Emergency Medical Services (EMS) Systems Act [210 ILCS 50] and the rules of the Department of Public Health entitled "Freestanding Emergency Center Code (77 Ill. Adm. Code 518 )

### 1. Name and Address of Facility

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (area code) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

### 2. Description of the proposed site of FEC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of procedure rooms \_\_\_\_\_ Number of observation rooms \_\_\_\_\_

Number of treatment rooms \_\_\_\_\_

### 3. Ownership and Management

Individual  Partnership  Association  Corporation  Government  Other \_\_\_\_\_

A. If individual, partnership or association, list all owners

Name

Address

Name	Address



**Freestanding Emergency Center (FEC) Initial Licensure Application**

B. If Government owned, provide the following information for the CEO

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number (area code) \_\_\_\_\_

C. Corporation Information

Name of Corporation \_\_\_\_\_

List name, title and address of each corporate officer.

Name	Title	Address

Attach copy of the Certification of Incorporation (Identify as Exhibit 1)

List name and address of each shareholder holding more than 7.5 percent of shares

Name	Address	Percent of Shares

D. For other than individual ownership, list the name and address of the Illinois registered agent or the person(s) legally authorized to receive service of process for the facility.

Name of Registered Agent	Address



### Freestanding Emergency Center (FEC) Initial Licensure Application

E. List the names and addresses of all persons under contract to manage or operate the facility.

(Check here if not applicable).  
Name

Address

Name	Address

F. Have any of the following been convicted of a felony or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit IA.)

- 1. Applicant  Yes  No
- 2. Any member of a firm, partnership or association  Yes  No
- 3. Any officer or director of a corporation  Yes  No
- 4. Administrator or manager of ASTC  Yes  No

#### 4. Administration, Personnel, Services

A. Administrator (Attach resume as Exhibit II)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (area code) \_\_\_\_\_

License or Certification Number (if applicable) \_\_\_\_\_

B. Medical Director (Attach resume as Exhibit III)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ License Number \_\_\_\_\_

C. Nurse Manager (Attach resume as Exhibit IV)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ License Number \_\_\_\_\_







## Freestanding Emergency Center (FEC) Initial Licensure Application

### 5. Services

The following information must accompany the application:

- Proof of ownership or control by an Associate or Resource Hospital, copy of the facility's FEIN, tax number
- A description of services to be provided by the facility
- A copy of the facility's organizational plan
- Copy of the approved Certificate of Need (CON) issued by the Health Facilities Planning Board
- \$2,000.00 application fee, made payable to the Illinois Department of Public Health
- Signed statement assuring compliance with all state and federal patient rights and provisions, including, but not limited to the Emergency Medical Treatment Act and the federal Emergency Medical Treatment and Active Labor Act (Section 32.5 (a)(8) of the Act)
- Signed statement verifying that the licensed FEC is within 20 miles of the hospital that owns or controls the FEC and within 20 miles of the Resource Hospital affiliated with the FEC as part of the EMS system (Section 32.5(a)(1) of the Act)

### 6. Architectural drawings and plans

Architectural drawings and plans need to be submitted under separate cover to the Design Standards Unit. They must be accompanied by the Freestanding Emergency Center Project Submission Form.

The form is located on the Department's Web site at [www.idph.state.il.us](http://www.idph.state.il.us) - publications - forms - Freestanding Emergency Centers. For questions regarding the submission of drawings and plans, please contact the Design Standards Unit at 217-785-4264.



### Freestanding Emergency Center (FEC) Initial Licensure Application

#### 7. Verification

I (we) swear or affirm that this application and accompanying documents are true and complete. I (we) further certify that I (we) have knowledge of and understand the action required to comply with the act and licensing requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR):  
 Yes  
 No

The following question must be answered only if the applicant is an individual (sole proprietor):

I hereby certify, under penalty of perjury, that (check one):

- I am more than 30 days delinquent in complying with a child support order.
- I am **not** more than 30 days delinquent in complying with a child support order.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT. (5 ILCS 100/10-65-(c))**

Signed and Sworn (or attested) to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_

**Submit licensure application and fee to:**

**Validation Unit  
Illinois Department of Public Health  
Division of Financial Services  
535 West Jefferson Street, Fourth Floor  
Springfield, IL 62761**