



Freestanding Emergency Center (FEC) Renewal Licensure Application

Pursuant to Section 32.5 of the Emergency Medical Services (EMS) Systems Act [210 ILCS 50] and the rules of the Illinois 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 _____

Phone Number (area code) _____ Fax Number _____

E-mail _____

2. Ownership and Management

Individual Partnership Association Corporation Government Other _____

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

Name	Address

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

Name _____

Address _____

Phone Number (area code) _____

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 50. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



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C. Provide 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

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

(Check here if not applicable).

Name	Address



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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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any officer or director of a corporation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Administration, Personnel, Services

Has the administrator changed since the initial application or prior renewal?

- No Yes, if yes complete 3A. below

A. Administrator (Attach resume as Exhibit II)

Name _____

Address _____

Phone Number (area code) _____

License or Certification Number (if applicable) _____

Has the medical director changed since the initial application or prior renewal?

- No Yes, if yes complete 3B. below

B. Medical Director (Attach resume as Exhibit III)

Name _____

Address _____

Phone Number _____ License Number _____

Has the nurse manager changed since the initial application or prior renewal?

- No Yes, if yes complete 3C. below

C. Nurse Manager (Attach resume as Exhibit IV)

Name _____

Address _____

Phone Number _____ License Number _____



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D. Medical Staff: List name, license number, and speciality of each staff member.

Name

License Number

Specialty

Name	License Number	Specialty



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E. Personnel: List name, position/title, professional licensure or certification.

Name	Position/Title	License Number/Registration, Certification



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4. Services - The following information must accompany the application:

- A description of services to be provided by the facility
- A copy of the facility's organizational plan
- \$2,000 application fee, made payable to the Illinois Department of Public Health
- Identification of any plans of correction currently in effect as a result of state and federal surveys

5. 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 renewal application and fee to:

**Validation Unit
Illinois Department of Public Health
Division of Financial Services
535 W. Jefferson St., Fourth Floor
Springfield, IL 62761**