

Pursuant to Birth Center Licensing Act [210 ILCS 170] and the rules of the Illinois Department of Public Health entitled "Birth Center Licensing Code" (77 Ill. Adm. Code 264)

### 1. Name and Address of Facility

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Number of beds \_\_\_\_\_

### 2. Ownership and Management

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

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

Name

Address/ Telephone Number

Name	Address/ Telephone Number

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 170. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_

**C. Provide corporation information.**

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

List name, title and address of each corporate officer.

Name	Title	Address/ Telephone Number

Attach a copy of the Certification of Incorporation (Identify as "**Exhibit I**").

List name and address of each shareholder holding more than 5% 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 or process for the facility.**

Name of Registered Agent	Address/Telephone Number



E. List the names and addresses of all persons who will manage or operate the facility.

(Check here if not applicable).

Name	Address/Telephone Number

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 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                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**3. Administrator, Personnel, Services**

A. Administrator (Attach resume indicating experience/credentials as "**Exhibit III**")

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ License or Certification Number (if applicable) \_\_\_\_\_

B. Clinical Director (Attach resume indicating experience/credentials as "**Exhibit IV.**")

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ License Number \_\_\_\_\_





#### **4. Services**

**The following information must accompany the application:**

- \$500 application fee, plus \$100 for each licensed birthing bed, made payable to the Illinois Department of Public Health.
- A description of services to be provided by the facility (Section 264.1550) including the admission criteria. *(Submit as **Exhibit V**)*
- A written narrative on the perinatal care and community education services offered by the birth center, and how these services are being coordinated with other health services in the community. *(Submit as **Exhibit VI**)*
- A copy of the contract/transfer agreement between the birth center and the hospital per Section 264.2250. *(Submit as **Exhibit VII**)*
- A copy of the approved Certificate of Need (CON) permit issued by the Health Facilities Services Review Board. *(Submit as **Exhibit XVIII**)*
- Copies of Policies referenced in Section 264.1525. *(Submit as **Exhibit IX**)*

#### **5. Architectural Drawings and Plan**

A copy of the letter demonstrating compliance with the requirements in Subpart B of the Code. *(Submit as **Exhibit X**)*



## 6. 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 \_\_\_\_\_

***Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this document are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.***

**Submit licensure application and fee to:**  
**Illinois Department of Public Health**  
**Division of Healthcare Facilities and Programs**  
**525 W. Jefferson St., Fourth Floor**  
**Springfield, IL 62761**