

MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES

**APPLICATION FOR RENEWAL OF LICENSURE FOR AN
END STAGE RENAL DISEASE UNIT/FACILITY**

1. **Name of Unit/Facility:** _____

Doing Business As: _____

Located At: _____

Street or Road

City or Town

Zip Code

County

Telephone Number

E-Mail Address: _____

2. **Mailing Address, If Different:**

Street/Road

City/Town

Zip Code

Telephone Number

3. **Directions for Reaching Unit/Facility** (Please be specific; Draw map, if possible).

4. **Ownership:** For Profit Not-For Profit Public

5. **Is this Unit/Facility Hospital-Based?** Yes No

SNF-Based? Yes No

Name of Hospital/SNF _____

6. **Is this facility owned and/or managed by a multi-facility organization?** Yes No
(If yes, name and address of parent organization)

Name

Address

7. **If the Disclosing Entity is Not-For-Profit Organization**, list name and address of the President of the Board of Directors or the appropriate Municipal Government Representative.

Name

Address

8. **If the Building(s) used by a End Stage Renal Disease Unit/Facility is/are leased**, a copy of each lease shall be attached to this application.

9. **Name and Title of person in charge:** _____

Home Address

Home Telephone No.

Office Telephone No.

10. **The End Stage Renal Disease Unit/Facility:**

a. Plans to be open: _____ (Date) Anticipated Hours of Operation _____

b. Has been open since: _____ (Date) Hours of Operation _____

11. **Please attach a letter from appropriate municipal official(s) that demonstrates compliance with all local ordinances relative to zoning and building code regulations if you have moved since your last renewal.**

12. **Services Provided.** (Check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Transplantation | <input type="checkbox"/> Home Support |
| <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Home Training | __ Hemodialysis |
| | __ Hemodialysis | __ Peritoneal Dialysis |
| | __ Peritoneal Dialysis | |
- Other Services Provided _____

13. **Is Reuse Practiced** Yes No

If yes, check all that apply

- Manual Semi-Automated Automated

14. **Number of Dialysis Patients:**

____ Total Patients = ____ Hemodialysis + ____ Peritoneal Dialysis

15. **Number of Stations:**

____ Total Stations = ____ Hemodialysis + ____ Hemodialysis Training

Does the Unit/Facility have isolation stations? Yes No

16. **Staffing.** (List Full-Time Equivalents)

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Registered Nurse | _____ | <input type="checkbox"/> Licensed Practical Nurse | _____ |
| <input type="checkbox"/> Social Worker | _____ | <input type="checkbox"/> Dietitian | _____ |
| <input type="checkbox"/> Technicians | _____ | <input type="checkbox"/> Others | _____ |

17. **Generators.** Does this facility have a generator? Yes No

If yes, number of kilowatts _____

18. **Fee.** (Enclose a check with the application)

A basic fee of \$450.00 for all licensure applicants. (Make checks payable to the **Treasurer, State of Maine**, and mail to the Department of Health & Human Services, Division of Licensing and Regulatory Services, 41 Anthony Avenue, #11 State House Station, Augusta, Maine 04333.)

The Department of Health & Human Services reserves the right to request/review any additional information that will be necessary to determine the suitability of the applicant for licensure.

I, _____, **BEING DULY AUTHORIZED TO ASSUME RESPONSIBILITY FOR THE CONDUCT OF THE AGENCY HEREIN DESCRIBED, DO HEREBY APPLY FOR A LICENSE TO OPERATE THE AGENCY AND DO AGREE TO ASSUME RESPONSIBILITY THAT THE AGENCY WILL COMPLY WITH ALL THE CURRENT REGULATIONS OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES, AS AUTHORIZED BY TITLE 22, M.R.S.A. Title 22 M.R.S.A., c. 412, §2041 and §2042.**

Date

Signature of Provider Administrator

Title

If additional space is required, please attach necessary information.

FOR OFFICE USE ONLY

FEE _____

Checked by _____

Check No. _____