DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE QUALITY

ATTESTATION OF ELIGIBILITY:
DEEMED-BY-ACCREDITATION LICENSURE
UNDER MGL CHAPTER 111, SECTION 53G

A. APPLICANT INFORMATION:

1. ____
Facility Name (name by which you will do business)

2. ____
Licensee's Name (Individual Owner, Partnership, Limited Partnership, Corporation Name)

3. ____
Facility/Agency Address (Street, City/Town, ZIP.)

4. ______________________ 5. ______________________
Telephone Number Fax Number

5. ____
Administrator's Name

B. ACCREDITATION INFORMATION:

1. Applicant is accredited to provide ambulatory surgery services by the:

___ Accreditation Association for Ambulatory Health Care

___ American Association for Accreditation of Ambulatory Surgery Facilities

___ Joint Commission

2. Most recent accreditation survey was conducted on: ______________________

___ **Copy of most recent survey results attached.** (If not, explain in attachment.)

3. Applicant's current accreditation period began on ___________________ and runs until ___________________.

4. Accrediting organization has been requested to provide copies of all future reports related to full or focused accreditation surveys; written progress reports; and plans of correction directly to the Department of Public Health:

___ Yes – **Copy of notification to accrediting agency attached.**

___ No – (If not, explain in attachment.)

C. MEDICARE CERTIFICATION INFORMATION.

Applicant is certified or has applied for certification as a Medicare provider:

___ Yes – CMS Certification Number: ___________________________________

___ Yes – Application is substantially complete. (**Copy of CMS 855 attached.)**

___ No – Applicant is not eligible for deemed by accreditation licensure.

D. STATUS AS OF AUGUST 10, 2008.

As of August 10, 2008, applicant has:

___ Been in continuous operation as substantially the same entity that was in operation on or before August 10, 2008.

___ Under construction on or before August 10, 2008 as defined in the Department's Determination of Need Office memorandum to interested parties dated June 25, 2009.

___ Entered into operation, undergone a change in ownership, gone from a single-specialty to multi-specialty practice, or begun construction subsequent to August 10, 2008.

___ Other **(Please describe in attachment.)**

E. SIGNED AND NOTARIZED STATEMENT OF APPLICATION.

I hereby request that the Department of Public Health accept accreditation reports and findings in lieu of conducting a full routine, on-site survey.

I certify, under the pains and penalties of perjury, that I am the proposed licensee, or authorized agent of the proposed licensee, and that the information provided in and submitted with this document is accurate and correct to the best of my knowledge.

I understand that the failure to file a complete and accurate application for an initial license, or the renewal of an existing license may constitute grounds for denial or revocation of a license; and that the Department may not accept an incomplete application.

I understand that accreditation information must be kept current, and that it is the responsibility of licensees to notify the Department of Public Health, Division of Health Care Quality through its Licensure Coordinator of any change in accreditation status within five working days of such change, regardless of whether the applicant concurs with the determination of the accrediting agency, or seeks to appeal those findings.

____ Facility/Agency Name (name by which you will do business)
____ Facility/Agency Address (Street, City/Town, ZIP)

I agree that, as a condition of licensure based upon accreditation:

1. The accrediting organization may provide reports related to full or focused accreditation surveys, written progress reports or plans of correction directly to the Department.

2. The applicant will itself provide copies of survey findings and plans of directly to the Department within five working days of receipt or submission of the same from and to the accrediting agency.

3. The Department may rely upon the findings of the accrediting organization reports and documents to license the applicant.

4. If the Department uses the reports and documents as the basis for issuing the facility a state license, the records used are considered public documents.

5. The applicant will notify the Department of any scheduled survey at least five working days before the start of the survey, and permit observers from the Department of Public Health to attend the summation conference scheduled at the completion of the on-site accreditation survey conducted by the accrediting agency.

6. The applicant will release to the Commissioner of Public Health or his designee any other accreditation information requested.

7. The premises for which the applicant requests a license will be subject to entry by agents of the Department at any time for purposes of investigation of complaints or incidents, and for purposes of validation of accreditation results as the Department may from time to time determine necessary.

I understand that the Department may, at its discretion, request additional information concerning the accreditation status of the applicant, and that this application shall not be deemed complete until such information has been submitted, received and reviewed by the Department, and that failure to submit such information may result in the return or denial of this application.

SIGNED UNDER THE PENALTIES OF PERJURY, this ___________ day of

______________________________ , 2___________.

____
Applicant or Authorized Agent's Signature

____
Applicant or Authorized Agent's Printed Name and Title

Subscribed and sworn to before me this ______ day of ___________________, 2_____.

____
Notary Public

____
(Seal)

My commission expires on ________________, 20_____.