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## AMBULATORY CARE: SURGICAL ABORTION FACILITY APPLICATION

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### INSTRUCTIONS FOR COMPLETION

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Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

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#### **APPLICATION FOR LICENSE**

Once all required application paperwork and the fee is received, an OHCO representative will contact your program to schedule a date for an initial State licensure inspection. A State license will be issued based on the results of the on-site inspection.

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#### **FEE**

The non-refundable application fee is \$1,500.

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

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#### **REQUIRED APPLICATION SECTIONS**

General Information  
Fees  
Ownership  
Background  
Workers' Compensation  
Surgical Abortion Facility  
Affidavit

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#### **REQUIRED DOCUMENTATION - INITIAL APPLICATION**

1. If the facility is accredited, the facility must submit a copy of the accreditation status letter.
  2. Policies and procedures.
  3. A written description of the quality assurance program.
  4. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at [COC@wcc.state.md.us](mailto:COC@wcc.state.md.us).
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#### **CODE OF MARYLAND REGULATIONS (COMAR) 10.12.01**

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at [www.dsd.state.md.us](http://www.dsd.state.md.us);
  - B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
  - C. Visit your library (click this link to find the closest location: [www.dsd.state.md.us/Depositories.aspx](http://www.dsd.state.md.us/Depositories.aspx)).
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#### **QUESTIONS**

Please contact 410-402-8040 or visit the OHCO website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

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#### **SEND COMPLETED APPLICATION TO:**

Ambulatory Care Program  
OHCO  
Bland Bryant Building  
Spring Grove Hospital Center  
55 Wade Avenue  
Catonsville, MD 21228

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