

Application for a License to Operate a Birth Center

In accordance with Minnesota Statutes, Section 13.41, **ALL DATA SUBMITTED ON THIS APPLICATION SHALL BE CLASSIFIED PUBLIC INFORMATION UPON ISSUANCE OF THE LICENSE.** Answer all questions completely and accurately to avoid unnecessary delay. This application shall be returned to the address noted below.

**Minnesota Department of Health
Health Regulation Division
Licensing and Certification Program
PO Box 64900
St. Paul, MN 55164-0900**

The undersigned hereby makes application for license to operate a Birth Center subject to the provision of Minnesota Statutes, Section 144.615.

A. Identification

1. Business Name _____
2. Street Address _____
3. City/State/Zip _____
4. Telephone Number _____ Fax Number _____
5. Email Address _____
6. Name of county in which birth center is located _____

B. Ownership

1. Fill in the code that corresponds to the type of entity legally responsible for operating the birth center.

Ownership Code _____

GOVERNMENTAL NONFEDERAL	NONGOVERNMENTAL NONPROFIT	NONGOVERNMENTAL FOR PROFIT	OTHER
11. State	20. Church-related	23. Individual	27. Tribal
12. County	21. Nonprofit Corporation	24. Partnership	
13. City	22. Other Nonprofit Ownership	25. Corporation	
14. City-County		26. Group	
15. Hospital District or Authority		28. Limited Liability Company	
		29. Business Trust	
		30. Housing and Redevelopment Authority	

2. Give the name of the legal entity responsible for the operation of this birth center:

Federal ID # _____ State Tax ID # _____

3. If a corporation, give the date and place of incorporation _____

Attach a Certificate of Authority to do business in Minnesota if incorporated in another state.

4. President _____

5. Administrator _____

C. Personnel as of date of application

1. Provide names and license numbers of the health care professionals on staff at the birth center. (Attach additional sheets of paper if necessary.)

Name_____ License/Certification_____ License/Certification#_____

Name_____ License/Certification_____ License/Certification#_____

Name_____ License/Certification_____ License/Certification#_____

Name_____ License/Certification_____ License/Certification#_____

Name_____ License/Certification_____ License/Certification#_____

D. Utilization data

1. Number of patients the birth center is capable of serving at a given time _____

E. Standards for licensure

1. Attach procedures that specify criteria by which risk status will be established and how the risk status will be applied to each woman at admission and during labor.

F. Commission for Accreditation of Birth Centers (CABC)

1. Attach documentation that the accreditation has been issued, including the effective date and the expiration date of the accreditation, and the date of the last site visit by the CABC. Also include the self-evaluation report, the accreditation decision letter from the CABC and any reports from the CABC following a site visit.

G. License requirements

1. A Birth Center shall not assert, represent, offer or provide or imply that the Birth Center is or may render care or services other than the services it is permitted to render within the scope of the license or the accreditation issued.
2. The Birth Center license must be conspicuously posted in an area where patients are admitted.

H. Verification

To the best of my knowledge, I certify that the information provided on this form is accurate and complete.

Date

Name

Title or Position

Name

Title or Position

I. Licensure Fee

The biennial license fee is \$365.00.

Previously, the Minnesota Office of Enterprise Technology (OET) required a 10% surcharge of no less than \$5.00 and no more than \$150.00 on each business, commercial, professional or occupational license. **Effective July 1, 2015, this surcharge is no longer required.**

Make checks payable to "**Commissioner of Finance, Treasury Division.**"

Evidence of Compliance with Workers' Compensation Coverage Provisions

State law requires that the Commissioner of Health shall withhold the license for the operation of a health care provider until the applicant presents acceptable evidence of compliance with workers' compensation coverage provisions.

One of the following documents must accompany this application. Please check which document is attached.

1. **Certificate of Insurance** supplied by an authorized Workers' Compensation carrier pursuant to Minn. Statute 60A.06, Subd. 1(5b). The Certificate should include the name of the licensee, the name of the corporation legally responsible for the licensee, or the name that the licensee is doing business as. The Certificate of Insurance must be in effect prior to the issuance of an initial license or have an effective date on or after the effective date of a renewal license.

2. **"Certificate of Exemption"** from the Commissioner of Commerce permitting an organization to self-insure pursuant to Minn. Statute 79A and Minn. Rules Chapter 2780. The Certificate of Exemption is available to privately owned or publicly held companies and groups. The Certificate of Exemption must be renewed every five years. Questions regarding the Certificate of Exemption should be directed to the Minnesota Department of Commerce at (651) 296-4026. **For multiple providers merged under one group, please include Attachment A with the Certificate of Exemption.**

3. Written confirmation from your Third Part Administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to **self-insure as a Government Entity/Political Subdivision** pursuant to Minn. Statute 176.81, Subd. 2. The Reinsurance Certificate must be renewed annually on a calendar year basis.

You cannot be issued a license and may not operate as a health care provider unless acceptable evidence of compliance with workers' compensation coverage provisions is provided.

For more information, contact:
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900