
AMBULATORY CARE: MAJOR MEDICAL EQUIPMENT PROVIDER APPLICATION

INSTRUCTIONS FOR COMPLETION

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

APPLICATION FOR LICENSE

To obtain a license, a complete application packet must be submitted with the required licensure fee. After review of the application, a license will be issued.

RENEWAL

Be advised that unannounced on-site recertification and complaint investigation surveys are being conducted by the OHCQ.

FEE

The non-refundable application fee is \$700.

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.

REQUIRED APPLICATION SECTIONS

General Information

Fees

Ownership

Background

Workers' Compensation

Major Medical Equipment Provider

Affidavit

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. Attach a list of the following information for each piece of major medical equipment utilized:
 - Manufacturer and model number of the equipment;
 - Address where equipment is located; and
 - Qualifications of the licensed physician who will be supervising the use of the equipment.
 2. 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.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.05 Freestanding Ambulatory Care Facility

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at 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).
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QUESTIONS

Please contact 410-402-8038 or visit the OHCQ website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

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