



Application for Licensure of a Renal Dialysis Facility Regulation 61-97

RETURN COMPLETED APPLICATION TO:

Email address: (preferred method) ERD@dph.sc.gov	Mailing Address: Healthcare Quality 2100 Bull Street Columbia, SC 29201
For additional questions, contact us at: 803-545-4370.	

INSTRUCTIONS:

Your license must be renewed prior to the expiration date. Each licensee is responsible for renewal of the license prior to the expiration date regardless of any changes or pending approvals (i.e., ownership changes or capacity increases/decreases) from the Department that are in progress at the time the license is due for renewal.

The application must be complete and legible. Any missing information may result in delays in processing this application. Any section that requires additional space or documentation shall be included as an attachment on an 8.5" x 11" paper and labeled to identify to which section the additional material pertains. Proof of payment is required for all applications submitted.

Part A: Reason for Application

- Initial: Check this box only if this is the first time you are applying for a license with the Department.
- Renewal: Check this box only if you are renewing your license. Enter the license number and expiration date. The name of the facility must appear on this application exactly as it did the prior year.
- Amended License: Check this box if you are applying for a change in facility name, location, or addition of renal dialysis stations. Enter the license number and expiration date.
- Change of Licensee: Check this box only if there is a change of the legal entity, for example, sole proprietorship to or from a corporation, or partnership to or from a corporation, even if the controlling interest does not change.
- Change in Controlling Interest: Check this box if there is a change in controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name.

Part B: Facility Information

- Complete the information regarding the facility. For facilities that are already licensed, the name of the facility must match exactly what is on the current license.
- Complete the information regarding the contact person where all communication, including the license, will be sent.
- Complete information regarding the Administrator.
- Complete information regarding the Director of Nursing.



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Part D: Licensee/Owner Information

- Renewal and Relocation Applicants do not need to complete this section if they can attest that there is no change in ownership by checking the box.
- Complete the ownership information. (Name of the person(s) or legal entity licensed to operate the business at that site as indicated in Part B. (This can be found on your current license or your documentation from the Secretary of State.)
- Indicate the ownership type.
- Complete the requested information:
 - For partnerships, you must provide the name of each partner;
 - For limited liability company (LLC), you must provide the names of members, attach a list with the names and address of the members of the limited liability company;
 - For a corporation, you must provide the name and title of each corporate officer.
 - Attach the required documentation on an 8.5" x 11" paper.

Part E: Licensure Changes

- For an amended license, choose either a, b, or c and complete the appropriate section.
- For change of licensee, new application must be completed and signed by **new** licensee.
- For change of controlling interest, complete the appropriate section.

Part F: Verification

- The application shall be signed by the following:
 - If an individual, the owner
 - If a limited liability company, the head of the limited liability company
 - If a corporation, two of its officers
 - If governmental unit, the head of the governmental department having jurisdiction
- This page must be notarized

OFFICE MECHANICS AND FILING: The original shall be placed in the master file of the activity and maintained there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-16327, which requires documents to be kept for six years. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.



Required Documentation

Initial

- Completed application
- Proof of ownership of real property on which the facility is located or lease agreement allowing the Licensee to occupy the real property on which the facility is located
- Verification of Administrator's qualifications
- Licensing Fee: \$200 for the first ten (10) Stations and \$20.00 for each additional station

Renewal

- Completed application
- Licensing Fee: \$200 for the first ten (10) Stations and \$20.00 for each additional station

Amended License

- Addition of renal dialysis stations
 - Completed application
 - Licensing fee: \$200 for the first ten (10) Stations and \$20.00 for each additional station
- Decrease of renal dialysis stations
 - Completed application
- Change of facility location
 - Completed application
- Change in facility name
 - Completed application

Change of Licensee

- Completed application (signed and completed by **new** owner)

Change in Controlling interest

- Completed application



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Part A: Reason for the Application				
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Amended	<input type="checkbox"/> Change of Licensee	<input type="checkbox"/> Change in Controlling Interest
	License # _____ Exp. Date _____	License # _____ Exp. Date _____	License # _____ Exp. Date _____	License # _____ Exp. Date _____
	Complete Sections B, C, and E	Complete Sections B, D and E	A new application must be completed and signed by the new licensee.	Complete Sections B, and D

Part B: Facility Information			
Facility Name:			
Physical Address:			
City:	State:	Zip:	County:
Telephone Number:		Fax Number:	
Number of Chronic Hemodialysis Stations: _____	Number of Home Hemodialysis Stations: _____	Number of Peritoneal Stations: _____	
Contact Person and Correspondence Mailing Address			
<i>(Name of the person who can make licensure/operation decisions about the facility and the address where ALL correspondence, including the License, shall be received.)</i>			
Name:		Title:	
Address:			
City:	State:	Zip:	
Email:			
Telephone Number:		Fax Number:	
Qualified Administrator			
Name:			
Email:			
Telephone Number:		Fax Number:	
Director of Nursing			
Name:			
Email:			
Telephone Number:		Fax Number:	



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Part C: Licensee/Owner Information

Renewal and Relocation Applications Only:

By checking this box, I attest that there is no change in ownership from my previous application.

Licensee Name:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

Ownership Type:

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability (LLC)
- Government
- Other _____

Licensee or Owner Documents Required:

1. Secretary of State Documentation, if applicable
 - Attached Not Applicable
2. If the licensee is a corporation or partnership, attach a list identifying all officers.
 - Attached Not applicable
3. If the licensee or owner is a corporation or partnership, attach a list with the name, address, and percentage of all owners that possess 5% or more ownership of the company or partnership.
 - Attached Not applicable
4. If any person or other legal entity can claim liabilities of the licensee or of the facility or service for which this license is requested, attach a list identifying the name, address, percent and type of claim.
 - Attached Not applicable



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Part D: Request for Amended License

- | | |
|---|---|
| <p>1. Amended License</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Change in Facility Name b. <input type="checkbox"/> Change of Facility Location c. <input type="checkbox"/> Addition of Renal Dialysis stations | <p>2. Change in Controlling Interest</p> <p><input type="checkbox"/> Check here to attest that nothing else has changed</p> |
|---|---|

Section 1a: Change in Facility Name:

New Facility Name:

Section 1b: Change in Facility Location

New Facility Address:

City:	State:	Zip:	County:
Telephone Number:		Fax Number:	

Section 1c: Addition of Renal Dialysis stations

- | | |
|-------------------------------------|--|
| Chronic Hemodialysis Stations | <input type="checkbox"/> Increase from ____ to ____
<input type="checkbox"/> Decrease from ____ to ____ |
| Home Hemodialysis Training Stations | <input type="checkbox"/> Increase from ____ to ____
<input type="checkbox"/> Decrease from ____ to ____ |
| Peritoneal Stations | <input type="checkbox"/> Increase from ____ to ____
<input type="checkbox"/> Decrease from ____ to ____ |

Section 2: Change in Controlling Interest

Current:	New:
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Part E: Verification

The application shall be signed by the following:

- If an individual, the **owner**
- If a limited liability company, the **head of the limited liability company**
- If a corporation, **two** of its **officers**
- If governmental unit, the **head of the governmental department** having jurisdiction

I, the undersigned, being duly sworn on my oath, depose and say that I have read the foregoing application (and attachments) and know the contents thereof; that the statements contained are correct and true to the best of my knowledge and belief. Furthermore, I understand that I must comply with the standards set forth in South Carolina Regulation 61-97. I understand that non-compliance with these standards may result in the Department pursuing enforcement actions as provided in Regulation 61-97.

Signature:
Printed Name:
Date:

Signature:
Printed Name:
Date:

Subscribed and sworn to before me this _____ day of _____, _____
(Month) (Year)

NOTARY PUBLIC _____

My commission expires: _____ Notary Seal: