Temporary/ Interim License Application
To Operate a Birthing Center

Applicants that meet minimal statutory requirements and can demonstrate substantial compliance with the standards set forth by the American Association of Birth Centers (AABC) may apply for a temporary or interim license to operate a birthing center in Alabama. Applicants must submit documentation with their application to evidence compliance with AABC standards.

In addition to the information requested within the application, the following must also be submitted:

1. A completed license application and $240 application fee. Application fees will not be refunded.

2. Articles of Incorporation, Articles of Organization, LLC Agreement, Articles of Incorporation, Partnership Agreement, or Statement of Sole Proprietorship, under which the facility will operate. Corporations, Limited Partnerships, and Limited Liability Companies must provide approved documentation from the Office of the Secretary of State to conduct business in the State of Alabama.

3. A copy of the Certificate of Existence (for domestic entities) or the certificate of registration (for foreign entities issued by the Alabama Secretary of State), as proof of its authority to transact business in the state of Alabama.

Applications must be submitted in advance of the anticipated start of operations. Applications must be submitted with all required documents and certificates as noted in the instructions before the compliance review can begin.

Please note: It is a violation of state law to provide birthing center services before you are granted a license from this agency. If you have questions regarding your application, please call (334) 206-5175.

APPLICATION INSTRUCTIONS FOR BIRTHING CENTER

Item 1, Applicant. The individual, partnership, corporation, or other entity, who is the governing authority of the facility and to whom the license is granted **(not the facility name nor the individual completing the application, unless the applicant is an individual)**. The name entered in this section must be exactly as printed on the legal document establishing the entity. A copy of the legal document must accompany this application. Entities established in a state other than Alabama must register to conduct business in Alabama with the Secretary of State's Office. A copy of the registration must also accompany this application. If the facility is leased, the lessee should be indicated as the applicant. The lessee may be an individual, partnership, corporation, or other entity. **NOTE - The applicant must be the operator of the facility, the entity that hires or fires the administrator, determines patient care issues, makes payment for facility obligations, etc.**

Item 6, Facility Name. The information provided on this line will be entered in the Provider Services Directory and the facility will be referred to by this name exactly as entered on this application. This name should be the same as on advertisements, facility letterhead, signs in front of the facility, and evidence of accreditation. This name must include the words, "birthing center," and may not be so similar to the name of any other licensed facility that, in the judgment of ADPH staff, there could be any confusion to the public. No freestanding birthing center may include the word "hospital" in its name. Governing authorities operating more than one facility may give the facilities they operate similar, but not identical names. The name may be abbreviated if the abbreviation is also used on advertisements, facility letterhead, signs in front of the facility, and evidence of accreditation.

Item 8, Facility's Mailing Address. The facility mailing address, street address or post office box must be within the same postal service area as the facility's physical location.

Item 15, Attestation of Responsible Person. A company officer, board member, administrator or other responsible person must sign the application and make the attestation.

Application Fee. The application fee for a birthing center is $240. Application fees are not refundable. Make a check or money order payable to the Alabama Department of Public Health.

Attachments. Each attachment must be referenced as a specific applicable item. For example, attachment to item 12 d should be referenced in the document and labeled as such.

(Rev. 8/2023)

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF PROVIDER SERVICES
P.O. BOX 303017 (MAILING ADDRESS)
MONTGOMERY, ALABAMA 36130-3017
THE RSA TOWER, SUITE 700, 201 MONROE STREET, MONTGOMERY, AL 36104
(PHYSICAL LOCATION)

TEMPORARY LICENSE APPLICATION TO OPERATE A BIRTHING CENTER

APPLICATION FEE **APPLICATION FEES ARE NOT REFUNDABLE.** **The fee is $240.** **MAKE CHECK OR MONEY ORDER PAYABLE TO:** **ALABAMA DEPARTMENT OF PUBLIC HEALTH**	**FOR DEPARTMENTAL USE ONLY** Application Fee _____ Check # _____ Facility ID # _____

1. _____
Applicant
(see instructions on page 2)

2. _____
Applicant Address

3. _____
City State Zip Code

4. _____
Applicant Telephone Number

5. _____
Facility Administrator

_____
Facility Administrator Email Address

11. _____
Consultant Physician

_____
Consultant Physician
Medical License Number

6. _____
Facility Name
(See instructions on page 2)

7. _____
Facility Physical Address

8. _____
Facility Mailing Address
(See instructions on page 2)

9. _____
City Zip Code County

10. _____
Facility Telephone Number

12. Provide the name, phone number, and email address for a knowledgeable person that can supply details about this application.

Name (print) _____

Phone _____

Email _____

13. Applicant Information

a. Applicant is a (check one):

Individual	☐	Nonprofit Corporation	☐	City	☐
Partnership	☐	Hospital Authority	☐	County	☐
Corporation	☐	State	☐	Joint City County Limited	☐
Liability Company	☐	Other: _____			

Specify

b. List all the applicant's board members and officers (attach additional paper if necessary).

_____ _____

_____ _____

c. List the name(s) of any person or business entity that has 5% or more ownership interest in the applicant (attach additional paper if necessary). Also, attach a diagram depicting the applicant's organizational structure.

_____ _____

_____ _____

d. Does this applicant or any of its owners listed in item "c" operate any other health care facility in Alabama or in any other state? YES ☐ NO ☐ If yes, attach a list including the type(s) of facility(s), name(s), address(s), and owner(s).

e. Have any of the facilities listed in item "d" had any adverse licensure action taken against them or been subject to exclusion from the Medicare or Medicaid Reimbursement Programs? YES ☐ NO ☐ If yes, attach an explanation.

f. Have the applicant, officers or principals ever had a license application denied by this or any other state? YES ☐ NO ☐ If yes, attach an explanation.

14. Has the facility administrator listed in item “5" of this application:

    a. ever been convicted of a crime? YES ☐ NO ☐

    b. ever been found guilty of abusing another individual? YES ☐ NO ☐

    c. ever had adverse action taken against a professional license, for example, nursing home administrator license, attorney license, nurse license, physician license? YES ☐ NO ☐

    d. ever been excluded from participation in Medicare or Medicaid Reimbursement Program? YES ☐NO ☐

    If yes to a, b, c, or d, attach an explanation.

15. Attestation of Responsible Person:

    I declare, under penalty of perjury, that I have personal knowledge about the statements made in this application and certify that all statements are true and correct. I certify that I am authorized to make this representation on behalf of the applicant.

Signature: _____ Printed Name: _____

Title/Position: _____ Date: _____

NOTARIZED:

Sworn to and subscribed before me this _____

day of _____ 20_____.

_____

(Notary Public)

16. Administrator Signature:

I declare, under penalty of perjury, that I will not operate or allow this facility, or any other facility, to operate without a license.

_____ _____

Printed Name Signature

_____

Date

NOTARIZED:

Sworn to and subscribed before me this _____

day of _____20_____.

_____

(Notary Public)

MANDATORY ACKNOWLEDGMENT NOTICE

Pursuant to *Alabama Code* section 30-3-194, every applicant seeking from a state agency a license, certificate, permit, or authorization to engage in a profession, occupation, or commercial activity, must provide the social security number of the person signing the application, whether as an individual or on behalf of an entity or corporation. Failure to provide this social security number will result in the denial of the application.

Print or Type Name of Person Signing Application: _____

Social Security Number of Person Signing Application: _____

Print or Type the Facility Name: _____

THIS PAGE **IS NOT** PUBLIC RECORD