



APPLICATION CHECKLIST

APPLICATION FOR CERTIFICATE OF EXEMPTION FROM LICENSURE AS A HEALTH CARE CLINIC

This application checklist is for informational purposes only – to be used as a guide for applicants when completing the licensing application process. All forms listed below may be obtained from the website: <http://ahca.myflorida.com/HQALicensureforms>. Send completed applications to: Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Mail Stop 53, Tallahassee, FL 32308.

In order to provide the Agency with a complete application and expedite the licensure process, it may be helpful to gather the following information:

Provider Information- (Application Types: All)

- Fictitious name (if applicable), street address, mailing address, telephone number, fax number, email address, website address, and if applicable, Medicare provider number, Medicaid provider number and National Provider Identifier (NPI)

Licensee (Owner) Information (Application Types: All)

- Organization type, complete legal name, mailing address, EIN/SSN, email address, telephone number, and fax number. Legal name and address submitted with application must be the same that is registered with Department of State, Division of Corporations

Contact Person (Application Types: All)

- Name, email address, and telephone number

Request to Change the Address or Name of Provider

- Complete and submit sections 1, 2 and 7 of the Application for Certificate of Exemption from Licensure as a Health Care Clinic, AHCA Form 3110-0014.
- \$25.00 fee for replacement license.

Request to Change Clinic Type or Clinic Services

- Complete and submit sections 1, 2, 3 and 7 of the Application for Certificate of Exemption from Licensure as a Health Care Clinic, AHCA Form 3110-0014.
- No Fee Required.

Supporting Documents – (refer to section 4 of the application for the exemption type)

- Exemption 400.9905(4)(a), F.S.:
 - o Copy of the facility license, registration, or certification (Exemption 400.9905(4)(a), F.S.)
- Exemption 400.9905(4)(b)(c)(d), F.S.:
 - o Copy of the facility license, registration, or certification - Ownership documents or a diagram or organizational chart showing the parent, subsidiary or common ownership, which qualifies the entity for the exemption
- Exemption 400.9905(4)(e), F.S.:
 - o I.R.S. letter granting the tax exemption
 - o A letter describing the ownership structure, listing the Florida practitioner names and license numbers and indicating if the facility provides physical therapy services under physician orders
 - o A letter on official letterhead and signed by an authorized representative of the university or community college confirming that the entity is a community college or university clinic
 - o A letter on official letterhead and signed by an authorized representative of the entity confirming that the entity is owned or operated by federal or state government
- Exemption 400.9905(4)(f), F.S.:
 - o A copy of the health care practitioner(s) license(s) with the Florida Department of Health
 - o Documentation demonstrating the relationship between the licensed practitioner owner and the family member(s) owner [i.e. copy of birth certificate, marriage certificate], if applicable
 - o Documentation confirming the ownership of the entity

- Exemption 400.9905(4)(g), F.S.:
 - o A copy of the health care practitioner(s) license(s) with the Florida Department of Health
 - o Documentation demonstrating the relationship between the licensed practitioner owner and the family member(s) owner [i.e. copy of birth certificate, marriage certificate], if applicable.
 - o Documentation confirming the ownership of the entity.
- Exemption 400.9905(4)(h), F.S.:
 - o A letter, on official letterhead and signed by an authorized representative of the medical school, confirming that training for medical students, residents or fellows is provided at this facility.
- Exemption 400.9905(4)(i), F.S.:
 - o A letter, on official letterhead and signed by an authorized representative of the facility attesting that the facility provides only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459.
 - o Documentation demonstrating that the entity is owned by a corporation whose shares are publicly traded on a recognized stock exchange, if applicable
- Exemption 400.9905(4)(j), F.S.):
 - o A letter, on official letterhead and signed by an authorized representative of the college of chiropractic medicine attesting that the facility is affiliated with the college and confirming that training is provided for chiropractic students.
 - o Documentation demonstrating that the college is accredited by the Council on Chiropractic Education. (
- Exemption 400.9905(4)(k), F.S.)
 - o Provide a list of locations, licensed under chapter 395, where the entity provides licensed practitioners to staff emergency departments or to deliver anesthesia services.
 - o Documentation demonstrating that the entity derives at least 90 percent of their gross annual revenues from the provision of such services.
- Exemption 400.9905(4)(l), F.S.)
 - o Documentation demonstrating that the entity is a publicly traded corporation or is wholly owned, directly or indirectly, by a publicly traded corporation.
- Exemption 400.9905(4)(m), F.S.)
 - o Documentation showing that the corporation has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners.
 - o A copy of the contract or agreement between the entity and the supervising health care practitioner accepting responsibility for supervising the business activities of the entity and for the entity's compliance with state law for purposes of this part.
 - o A copy of health care practitioner supervisor's license with the Florida Department of Health.
- Exemption 400.9905(4)(n), F.S.)
 - o A complete list of the names and contact information of all the officers and directors of the corporation.
 - o The name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity.
 - o A listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity.
 - o A certified statement prepared by an independent certified public accountant which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under personal injury protection insurance coverage for the preceding year.

Certification Fee and Other Amounts Due upon Submission of Application (all fees are nonrefundable)

- Initial Certification: \$100.00
- Renewal Certification \$100.00
- Fee for changes during licensure period that require issuance of a new license: \$25.00

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Place checks or money orders on top of the application
- Include license number or case number on your check
- Do not submit carbon copies of documents
- Do not fold any of the documents being submitted
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency.