



**APPLICATION FOR LICENSE TO OPERATE
A HOME HEALTH AGENCY**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH FACILITIES
SFN 8022 (06-14)

DEPARTMENT USE ONLY

License Number

Telephone 701.328.2352

INSTRUCTIONS: Type or print clearly. Return one completed, notarized copy to: ND Department of Health, Division of Health Facilities, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505-0200. Keep a copy for your records.

Official Name of Home Health Agency			NPI Number	
Street Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
County	Business Telephone Number	Fax Number		
E-Mail Contact Name		E-Mail Address		

TYPE OF APPLICATION

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change of Facility Ownership	<input type="checkbox"/> Change in Service Area	<input type="checkbox"/> Name Change
<input type="checkbox"/> Location Change	<input type="checkbox"/> Change in Services	<input type="checkbox"/> Change in Facility Operator	<input type="checkbox"/> Other Change:	

MANAGEMENT AND PERSONNEL

TYPE OF CONTROL (Check One)				
GOVERNMENTAL	<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> County & City	<input type="checkbox"/> Municipal
NONPROFIT	<input type="checkbox"/> Association	<input type="checkbox"/> Corporation		
PROPRIETARY	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	

Name of Legal Entity Responsible for Operation (as registered with the ND Secretary of State)			
Mailing Address	City	State	Zip Code

Has ownership of this home health agency changed in the last twelve months? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the legal entity responsible for operation of this home health agency changed in the last twelve months? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do any owners have a 5% or more financial interest in the home health agency? <input type="checkbox"/> No <input type="checkbox"/> Yes
NAME OF OWNERS	ADDRESS	OFFICIAL POSITION

Name of Chairman of Governing Body			
Mailing Address	City	State	Zip Code
Name of Administrator			
Nurse Executive/Director of Nursing		Nurse License Number	
Name and Title of Emergency Contact		Emergency Contact's Cell Phone Number	

