



**Health Standards Section
Checklist for Initial Licensing/Certification
AMBULATORY SURGERY CENTER**

Application Date:	Anticipated Opening Date:
ASC Name (dba):	ASC Entity/Corporation/Legal Name:
ASC Geographical Address:	ASC Mailing Address: (if different)
ASC Phone:	ASC Fax:
Administrator:	Designated Contact Person:
Administrator Phone:	Designated Contact Person Phone:
Administrator Email:	Designated Contact Person Email:

DOCUMENTS NEEDED FOR INITIAL LICENSING	Yes	No
ASC License Application (Form HSS-AS-01)	<input type="checkbox"/>	
Letter of Intent	<input type="checkbox"/>	
Disclosure of Ownership (Form HSS-ALL-48)	<input type="checkbox"/>	
Licensing Fee: \$600.00	<input type="checkbox"/>	
DH Plan Review: Release the plan review to HSS in the OSFM's IMS website. The login, first and last name will be required-enter HSSHospitals in each of those fields.	<input type="checkbox"/>	
DH Plan Review Attestation (Form HSS-PR-02): must address all cautionary codes and be signed by the administrator/designee and the architect.	<input type="checkbox"/>	
AR Plan Review: Release the plan review to HSS in the OSFM's IMS website. The login, first and last name will be required-enter HSSHospitals in each of those fields.	<input type="checkbox"/>	
Controlled Dangerous Substance Application Copy	<input type="checkbox"/>	
CLIA Certificate	<input type="checkbox"/>	
Secretary of State, Articles of Incorporation	<input type="checkbox"/>	
Office of State Fire Marshall (OSFM) Walk Through Inspection	<input type="checkbox"/>	
Office of Public Health (OPH) Walk Through Inspection	<input type="checkbox"/>	
If non-profit Facility: Attach supporting tax documents	<input type="checkbox"/>	<input type="checkbox"/>
Management Agreement (if applicable, if not please check no)	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTS NEEDED FOR INTIAL CERTIFICATION:		
CMS Form 377- Request for Certification	<input type="checkbox"/>	
CMS Form 370- Health Insurance Benefits Agreement	<input type="checkbox"/>	
855B Approval Letter from the fiscal intermediary	<input type="checkbox"/>	

HSS-AS-INITIAL Provider Checklist (8/2018, 2/2020)