



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF AMBULATORY CARE
**APPLICATION FOR ABORTION
 FACILITY LICENSE**

P.O. Box 570
 JEFFERSON CITY, MO 65101-0570

INITIAL OR RENEWAL APPLICATION

NAME OF FACILITY (TO APPEAR ON LICENSE)	TELEPHONE NUMBER AND EMAIL ADDRESS
ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)	
COUNTY	ADMINISTRATOR NAME AND QUALIFICATIONS
FACILITY WEBSITE ADDRESS (IF ANY)	LEGAL NAME OF ENTITY THAT WILL OPERATE FACILITY
CHIEF OFFICER OF GOVERNING BODY	OB/GYN CONSULTANT NAME AND QUALIFICATIONS
TYPE OF ABORTION TO BE PERFORMED <input type="checkbox"/> SURGICAL ONLY <input type="checkbox"/> DRUG- OR CHEMICALLY-INDUCED ONLY <input type="checkbox"/> BOTH SURGICAL AND DRUG- OR CHEMICALLY-INDUCED	ANNUAL NUMBER OF ABORTIONS TO BE PERFORMED OR INDUCED (ESTIMATE) _____ SURGICAL _____ DRUG- OR CHEMICALLY-INDUCED
NUMBER OF FACILITY STAFF:	NUMBER OF PHYSICIANS ON STAFF:
NUMBER OF PHYSICIANS ROUTINELY PERFORMING OR INDUCING ABORTIONS:	NUMBER OF ANESTHESIOLOGISTS OR CRNAs (IF ANY) ON STAFF
NORMAL HOURS OF OPERATION (DAYS AND HOURS)	USUAL DAYS/TIMES ABORTIONS ARE INDUCED OR PERFORMED
NUMBER OF PROCEDURE ROOMS	PLEASE ENCLOSE STATUTORY FEE OF TWO HUNDRED DOLLARS (\$200).

CERTIFICATION

The undersigned being duly sworn by me on their oath, deposes and says that they have read the foregoing application and that the statements contained therein are correct and true and of their knowledge; and further gives assurance of the ability and intention of the above-named Abortion Facility to comply with the applicable laws and regulations. It is further certified that the above named Abortion Facility will comply with all citations for correction and/or improvements as identified by the Department of Health and Senior Services through inspection and/or investigation and submitted to said Abortion Facility.

CHIEF OFFICER OF GOVERNING BODY (SIGNATURE)	ADMINISTRATOR (SIGNATURE)
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	Exp. Date
NOTARY PUBLIC NAME (PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW