

# Instructions for completing HCI Application

PLEASE TYPE OR PRINT IN BLACK INK.

**Please submit the application, with all required attachments and the required fee. This application will not be complete until all required attachments and fees have been submitted to the Department. If any corrections are made to the application using correction fluid or correction tape, the application will be returned. If you make a mistake filling out the application, put a line through the mistake and your initials.**

## I. HEALTH CARE INSTITUTION INFORMATION

**Provide all required information.**

“Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services. (If you are using an individual’s Social Security Number, it will be treated as confidential information and redacted from the copy of the application in the facility’s public file.)

According to Arizona Revised Statutes, Title 36, Chapter 4, or Arizona Administrative Code, Title 9, Chapter 10, a person may apply for a license as a **health care institution class or subclass**, which are listed below. **Select one of the following classifications and write it on the application.**

### **Abortion clinic**

Adult day health care facility

Adult foster care

Assisted living center

Assisted living home

**Home health agency**

**Hospice inpatient facility**

### **Hospice**

**Hospital**

Nursing care institution

**Outpatient surgical center**

**Outpatient treatment center**

**Recovery care center**

**Unclassified Health Care Institution.**

## II. OWNER INFORMATION

“Owner” means a person who appoints, elects, or otherwise designates a health care institution’s governing authority. “Proprietary” means an owner or owners. “Non-Proprietary” means a leased business, franchise, or in certain instances, a Governmental Agency.

## III. GOVERNING AUTHORITY

“Governing authority” means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.

## IV. CHIEF ADMINISTRATIVE OFFICER

“Chief administrative officer” means the individual implementing a governing authority’s direction in a health care institution. This is the on-site administrator, or the certified manager.

## V. SIGNATURES

According to A.R.S., § 36-422(B) the application **must be signed**, as follows:

- (1) If an individual, by the owner of the institution;
- (2) If a partnership or corporation, by two of the partners or corporate officers; or
- (3) If a governmental unit, the head of the governmental department having jurisdiction.