

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.

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.)

A person may apply for a license as an unclassified health care institution; any health care institution class or subclass in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10; or as one of the following classes or subclasses. Select and write in one of the following:

1. General hospital,
2. Rural general hospital,
3. Special hospital,
4. Adult day health care facility,
5. Adult foster care,
6. Assisted living center,
7. Assisted living home,
8. Home health agency,
9. Hospice,
10. Hospice inpatient facility,
11. Nursing care institution,
12. Abortion clinic,
13. Recovery care center,
14. Outpatient surgical center,
15. Outpatient treatment center, or
16. Unclassified Health Care Institution.

II. OWNER INFORMATION

“Owner” means a person who appoints, elects, or otherwise designates a health care institution’s governing authority.

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.

A complete application packet contains the following documents:

Application Form

Application Supplement

Fee Remittance Form

Copy of the Administrator's License

Copy of the facility's most recent fire inspection by the fire authority having jurisdiction over the facility. This inspection must be conducted annually by either your local fire department or the state fire marshal. *Copies of your Life Safety Code survey or any inspection conducted by a private fire protection company will not be accepted.*

Phoenix metro area and northern Arizona facilities, mail your complete application packet to:

Arizona Department of Health Services

Division of Licensing Services

Office of Long Term Care

150 N. 18th Ave., Ste. 440

Phoenix, AZ 85007

Tucson metro area and southern Arizona facilities, mail your complete application packet to:

Arizona Department of Health Services

Division of Licensing Services

Office of Long Term Care

400 West Congress, Suite 116

Tucson, AZ 85701

If you have any questions, please call the Office of Long Term Care at:

(602)364-2690 (Phoenix) OR (520)628-6965 (Tucson)