



COMMONWEALTH of VIRGINIA

Department of Health

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Office of Licensure and Certification

FY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

April 30, 2015

Administrator
Virginia Health Group
8316 Arlington Boulevard – Suite 220
Fairfax, Virginia 22031

**RE: VIRGINIA HEALTH GROUP
Abortion Facilities License Renewal - 2016**

Dear Administrator:

Enclosed is Abortion Facilities License Number **AF-0015** to operate the above-named Abortion Facility beginning April 1, 2015 and ending April 30, 2016.

Abortion Facilities are required to comply with Title 32.1, Chapter 5, Article I of the Code of Virginia, 1950, The Regulations for Licensure of Abortion Facilities, Regulations 12VAC5-412 et seq effective December 29, 2011. Any changes occurring during the approved licensure period which affect the accuracy of the information provided on the licensure application form must be reported, in writing, to the Office of Licensure and Certification as stated in section 12VAC5-412.80 of the Regulations. Please post your organization's license in a place clearly visible to the general public as required by section 12 VAC5-412-70 of the Regulations.

The Office will forward annual license renewal application forms to every licensed abortion facility at least 60 days prior to the expiration date of the current license. Failure to receive a renewal application form, however, does not release an abortion facility from the requirements of license renewal.

Should you have any questions regarding the requirements of abortion licensure, please do not hesitate to contact this office.

Sincerely,

Erik O. Bodin, Director

Enclosure



**Commonwealth of Virginia
Virginia Department of Health**

Abortion Facility **AF- 0015**

*In accordance with the provisions of Title 32.1. Chapter 5,
Article 1, of the Code of Virginia 1950, as amended.*

Virginia Health Group
(Operator)

is Authorized to Operate,

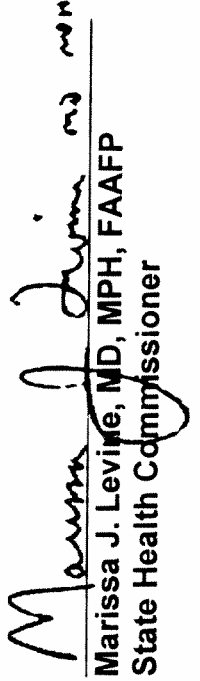
Virginia Health Group

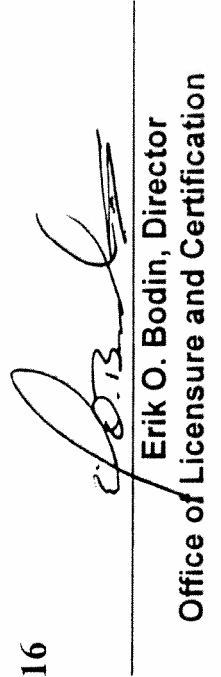
(Name of Organization)

An Abortion Facility at:

8316 Arlington Boulevard – Suite #220, Fairfax, Virginia 22031

Expiration Date **04/30/2016**


Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner


Erik O. Bodin, Director
Office of Licensure and Certification



Virginia Department of Health
Office of Licensure and Certification

Application for Abortion Facility Licensure

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MAR 14 2016

Complete all fields. Incomplete or inaccurate applications will be returned. Any changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of Licensure and Certification.

Application type:	License year:
Application is for: <input type="checkbox"/> Initial Licensure <input checked="" type="checkbox"/> License Renewal <input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Ownership
All sections of this application must be completed for all application types	

Facility identification			
Name of abortion facility Virginia Health Group		Main Telephone Number (703) 205-9310	
Street Address 8316 ARLINGTON BLVD #220		Fax (703) 205-9314	
City Fairfax	County Fairfax	State VA	Zip 22031
Web Address www.4AWS.COM		Federal Employer ID Number: 90-0127330	
Mailing address (if different from above) 200 W Somerdale Rd Suite C			
City Voorhees		State NJ	Zip 08043
Administrator of record, if different than owner/operator			
Name: EBONY FOBBS		Title: Administrator	
Telephone Number: (703) 205-9311		Email Address: DOO@4AWS.ORG	

Ownership of the facility			
Owner: Virginia Health Group, PC		Tel. Number: 856-616-2393	
Street Address: 200 W Somerdale Rd Ste C		Fax Number: 856-428-0424	
City: Voorhees	County: CAMDEN	State: NJ	Zip: 08043

Is any part or program of the abortion facility licensed by another state agency:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Agency name:	Program/ part:

Check # 5030 Amount \$ 7500
 Receipt 3-11-16 Ck Date 3-11-16
 Dpt Date 3-17-16 Dpt # 70563152

VDH/Office of Licensure and Certification
Application for Abortion Facility Licensure

AFFIDAVIT	
I, <u>Kirsty Joppa</u> , hereby swear (or affirm) that the information contained in this application is true and correct, and all federal, state, and local laws and regulations have been complied with.	
<u>[Signature]</u> Signature and Title of Applicant	<u>DOO</u> Date

Return this completed application and a check for \$75.00 to:

**Acute Care Unit
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233**

Questions? Contact the Acute Care Unit at: (804) 367-2107 or OLC-Inquiries@vdh.virginia.gov

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