

OCT 18 2017

OCT 20 2017

CK# 3067  
\$1,500.00  
dtd. 10/10/17

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HEALTH CARE QUALITY  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
BALTIMORE, MARYLAND 21228

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)

Official name of agency:  
AbortionClinics.Org, Inc.

Trading name d/b/a:  
AbortionClinics.Org, Inc.

Agency address:  
10401 Old Georgetown Road, Suite 104 Bethesda, MD 20814

Mailing Address (If different from above):  
1002 W. Mission Avenue Bellevue, NE 68005

Telephone Number: (888)684-3599 FAX number: (402)291-4643

Agency e-mail address: info@abortionclinics.org

Days and Hours of Operation:  
Sundays- Wednesdays

If business hours vary per days during the week, please specify: Sunday 1-4pm; Mondays-  
Wednesdays 8am-4pm

Identify the days and hours the office manager is on-site: All open hours of operation

Days OR is used: Sundays-Wednesdays

Number of operating/procedure rooms: 3

Back up generator:  Yes  No

Accredited: Yes/No Accrediting Agency: National Abortion Federation- pending; CLIA- transfer of address  
Date of accreditation: pending

If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

**Identify All Major Medical Equipment Utilized in the Surgical Abortion Facility:**

_____ Cardiac Catheterization Equipment	How many: _____
_____ Computer Tomography Equipment	How many: _____
_____ Lithotripter	How many: _____
_____ Radiation Therapy Equipment	How many: _____
_____ Magnetic Resonance Imager	How many: _____

**Type of ownership:**     Sole ownership  
                                   Partnership  
                                   Corporation

If the applicant is a corporation or partnership, list names of individuals holding 2% or more ownership.

**Officers:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Administrator:** \_\_\_\_\_

**Name of Medical Director:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Application:** 10/10/17

The application fee of \$1,500.00 is non-refundable. Please make check or money order payable to the Department of Health and Mental Hygiene. Please mail application and fee to:

**THE OFFICE OF HEALTH CARE QUALITY  
AMBULATORY CARE UNIT  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228**

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