

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:

Metropolitan Family Planning Inst Inc

Trading name d/b/a:

SAME

Agency address:

5915 Greenbelt Rd. Berwyn Heights, MD. 20740225

Mailing Address (If different from above):

SAME

Telephone Number (301) 474-5300 FAX number: (301) 441-3200

Agency e-mail address:



Days and Hours of Operation:

Tue. 1-5 Wed 1-5 Friday 9-12 Sat. 9-12

If business hours vary per days during the week, please specify:

N/A

Identify the days and hours the office manager is on-site:

Monday-Friday 9-5 Sat 9-2

Days OR is used:

4

Number of operating/procedure rooms:

2

Back up generator: Yes No

Accredited: Yes/No Accrediting Agency:

NO

Date of accreditation:

N/A

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: Dec 5, 2015

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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