

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:

NIA

Agency address:

5625 Allentown Rd. Suite 203 Suitland, MD 20746

Mailing Address (if different from above):

NIA

Telephone Number: (301) 423-3313 FAX number: (301) 423-3447

Agency e-mail address:

Days and Hours of Operation:

Tuesday 9-12 Friday 1-5

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

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

9-5

Days OR is used: 2

Number of operating/procedure rooms: 2

Back up generator: Yes No

Accredited: Yes/No Accrediting Agency: NO

Date of accreditation: NIA

NOV
26
2018

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: 12-05-2015

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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