

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

DEC 8 2015

RECEIVED  
CK# 6543

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

NOV 30 2015

dtg: 11-24-15

Office of Health Care Quality

Official name of agency:

Whole Woman's Health of Baltimore

Trading name d/b/a:

Agency address:

7148 Belair Road Baltimore MD 21236

Mailing Address (if different from above):

Telephone Number: 4106612900 FAX number: 4106612259

Agency e-mail address:



Days and Hours of Operation:

Monday-Friday 9-4 Saturday 10-3

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

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

Monday, Tuesday, Thursday, Friday, Saturday

Days OR is used:

Tuesday, Thursday, Friday, Saturday  
\*occasionally on Wednesday\*

Number of operating/procedure rooms:

2

Back up generator: Yes  No

Accredited: Yes/No Accrediting Agency:

no

Date of accreditation:

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

DATE

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

NOV 30 2015

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

Office of Health Care Quality

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: 11/29/15

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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