

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

CK# 11609  
NOV 16 2015  
11-9-15

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

Official name of agency: Potomac Family Planning Center

Trading name d/b/a: same

Agency address: 966 Hungerford Dr # 24, Rockville MD 20850

Mailing Address (If different from above):  
\_\_\_\_\_

Telephone Number: 301 251-9124 FAX number: 301-251-8581

Agency e-mail address: Potomac family pc @ AOL.COM

Days and Hours of Operation:  
M-F 9A-5p; Sat 8<sup>30</sup>A-2p

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

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

M-Sat operating hours

Days OR is used: M, W, Th, Fr, Sat

Number of operating/procedure rooms: 2

Back up generator: \_\_\_ Yes  No

Accredited: Yes/No Accrediting Agency: No

Date of accreditation: \_\_\_\_\_

PFPC

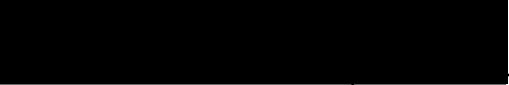
If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

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: 11/3/15

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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