

Rec'd 10/27/12

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:

Associates in OB/GYN care, LLC

Trading name d/b/a:

Agency address:

9801 Georgia Ave Suite #338 Silver Springs, MD 20902

Mailing Address (If different from above):

1 Alpha Ave Suite 20 Vockers MD 20903

Telephone Number: 856-666-2393 FAX number: 856-4276151

Agency e-mail address: _____

Days and Hours of Operation:

Varies by week, schedule changes

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

Varies by week, schedule changes

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

During all times office is open

✓ Days OR is used: Varies by week

✓ Number of operating/procedure rooms: 1

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.

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

_____ Cardiac Catheterization Equipment	How many: <u>0</u>
_____ Computer Tomography Equipment	How many: <u>0</u>
_____ Lithotripter	How many: <u>0</u>
_____ Radiation Therapy Equipment	How many: <u>0</u>
_____ Magnetic Resonance Imager	How many: <u>0</u>

Type of ownership: Sole ownership
 Partnership
 Corporation

Limited Liability Corp

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

Integrity Family Health is a non-profit corp and is sole member of the LLC

Officers: _____

Name of Administrator: _____

Name of Medical Director: _____

Signature of Applicant: _____

Date of Application: 10-24-12

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