

**PSYCHIATRIC PROGRAM LICENSE APPLICATION
APPENDIX B**

(Submit Appendix with BCHS-HFD-100 Form)

Hospital Name		
Address		
City	State	ZIP Code

1. Accredited	2. Name of Accrediting Organization
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<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	
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If accreditation was applied for and approved or disapproved, attach a copy of the notification, including the list of recommendations (R 330.1223).

2. Lease Arrangements

Is the psychiatric hospital or unit located in leased space? Yes No

If yes, attach the name and address of the lessor, length of lease, and any direct or indirect interest that the applicant/licensee has in the lease other than as lessee (MCL 330.1137(1)).

3. Designated Rights Advisor Information

Name of Rights Advisor	Phone	Email
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4. Governing Body Certification

By submission of this form, the Governing Body has certified that the hospital/program does not discriminate against persons on the basis of race, color, nationality, religious or political belief, sex, age, mental or physical disability, in any area of its operation, including employment, patient admission and care, and professional nonprofessional training programs.

Governing Body Name	Date
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5. Medical Director Certification

By submission of this form, the Medical Director has accepted the position and responsibility for the medical care of patients in the above-named programs in compliance with Section 143 of Act 258 of the Public Acts of 1974 as amended.

Medical Director Name	Date
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6. Administrator Certification

By submission of this form, the Administrator certifies that:

- The information submitted in this application and all attachments are true;
- The hospital/unit for which this license is being requested is operated in conformance with Sections 100a-100d, 134-150, 400-498t, 700-788, and 946 of the Mental Health Code (1974 PA 258 as amended), and the psychiatric licensure rules 330.1201-330.1299, 330.4011-330.4089, 330.4501-330.4661, and 330.7001-330.7260;
- The hospital/unit is in continuing compliance with the terms and conditions of certificate of need approval; and
- The applicable psychiatric standards were review as part of this application for licensure and agreed to comply with them.

Authorized Administrator Name	Date
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7. REQUIRED ATTACHMENTS (as required by Administrative Rules 330.1210 and 330.1223)	Applicant Checklist	<i>LARA Use Only</i>	
		Received	Reviewed
INPATIENT HOSPITAL/UNIT			
a) List of stockholder names and percentage of stock owned by each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) List of individual names composing the governing body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) List of state or national association that the hospital is a member of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) List of procedures/practices to insure the physical health of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) A narrative description of the hospital program plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Inpatient program staff list: Form BCHS-HFD-100B-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Floor plan of the space devoted to patient care and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Written medical care plan agreement (freestanding psych hospitals only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Current fire safety inspection report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) List of related psychiatric hospitals or units, include name, address and number of inpatient psychiatric adult and minor beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT RIGHTS			
k) Self-Attestation Checklist (see MCL 330.1752)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Annual or semi-annual Recipient Rights reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>