



**STATE OF DELAWARE
OFFICE OF HEALTH FACILITIES
LICENSING AND CERTIFICATION
(302) 283-7220
REGISTRATION FOR MEDICAL FACILITIES**

FACILITY NAME _____
Print

FACILITY ADDRESS _____
ADDRESS 1

_____ ADDRESS 2

_____ CITY _____ STATE _____ ZIP CODE

FACILITY CONTACT _____
Print Name and Title

CONTACT E-MAIL _____

PHONE NUMBERS _____
FACILITY PHONE NUMBER CONTACT PHONE NUMBER CONTACT FAX

An "Invasive Medical Procedure," as defined in 4408 Regulations Governing Facilities That Perform Invasive Medical Procedures, is any medical procedure in which the accepted standard of care requires anesthesia, major conduction anesthesia, or sedation.

I hereby acknowledge that the above facility performs invasive medical procedures.

Signature: _____ **Date:** _____

Print Name: _____

All facilities that perform invasive medical procedures

- In operation on or before August 11, 2013, shall submit proof of the facility's accreditation, or application for same, by August 11, 2014.

-OR-

- Which became operational on or after August 12, 2013, must provide proof of accreditation within twelve (12) months of the first day of operation.

Please attach the most current copy of the certificate from the Accreditation Organization.

Accreditation Organization: _____

Date Accreditation Expires: _____



Name of Person Completing This Form:

Print Name and Title

Signature: _____

Date: _____



Please Complete And Return Registration To:

Office of Health Facilities Licensing and Certification
258 Chapman Road
Suite 101
Newark, DE 19702