



**Delaware Health and Social Services  
Division of Health Care Quality  
Office of Health Facilities Licensing & Certification**

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**Registration for Office Based Surgery Facilities**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Facility Contact: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_ Facility Phone Number \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Contact Fax Number

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I hereby acknowledge that the above facility performs office based surgery as defined in [16 Del. C § 122 \(3\) \(y & z\)](#).

**First Date of Operation as a Facility that Performs Office Based Surgery:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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**All facilities that perform office based surgery must obtain accreditation from an accreditation organization approved by the Department of Health and Social Services.**

**The following accreditation organizations are approved by DHSS:**

- **The Joint Commission (TJC)**
- **Accreditation Association for Ambulatory Health Care (AAAHC)**
- **Healthcare Facilities Accreditation Program (HFAP)**
- **American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF)**
- **Delaware Board of Dentistry and Dental Hygiene Anesthesia Advisory Committee**
- **Institute for Medical Quality (IMQ)**

**Attach the most current copy of the certificate from the accreditation organization, or evidence that the facility has applied for accreditation. All facilities must provide proof of accreditation to the Department within 12 months of the first day of operation of such facility.**

Accrediting Organization: \_\_\_\_\_

Date Accreditation Expires: \_\_\_\_\_

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Name of Person Completing This Form: \_\_\_\_\_  
Name and Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Complete and Return Registration to:**  
**Office of Health Facilities Licensing and Certification**  
**261 Chapman Road**  
**Suite 200**  
**Newark, DE 19702**

Revised 10/2018