



**FOR OFFICE USE ONLY**

Check Amount  
Check Number  
License Expiration

State of Delaware

Office of Health Facilities Licensing and Certification

License Renewal Application for 3355 Free Standing Surgical Center (FSSC)

License ID: FSSC-

Provider Legal Name

Doing Business As (DBA)

Facility Address

City State DE Zip Code

Facility Phone Facility Fax

Director Ph. Email

Alt. Director Ph. Email

Medical Director Ph. Email

Delaware Medical License Number Expiration Date

Clinical Director Ph. Email

Delaware Registered Nursing License Number Expiration Date

Alt. Clinical Director Ph. Email

Delaware Registered Nursing License Number Expiration Date

Facility Main Phone

Emergency Contact Name

Emergency Contact Phone Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Facility Type (Check all that apply) Single Specialty (identify)  
Multi-Specialty (identify)

Facility Hours of Operation

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



Please attach the most current of the following:

Exhibit A list showing the names, addresses, and percent of interest of each officer, director, and owner having an interest in the facility Reg 3.2.1.4.4.

Exhibit B list showing the names, addresses, of the governing body, if different from the preceding group Reg 3.2.1.4.3.

Exhibit C Phone Directory (include work email address, if available).

Exhibit D Evidence such as meeting minutes that show annual review of facility policies Reg 5.2.3

Exhibit E Annual review of bylaws Reg. 5.2.5.1.

**Please Email the following as three (3) separate attachments to  
DHSS\_DHCQ\_OHFLCFAX@DELAWARE.GOV**

Exhibit F Accreditation Certification, Official Accreditation report, and Plan of Correction. (If Applicable)

Exhibit G Your Emergency Preparedness Plan (including reviewed/revised date).

Exhibit H Delaware State Fire Marshal Inspection Letter

Application is made to operate a Free Standing Surgical Center in accordance with 16 Del. C. Code §122(3)(p) and the Department of Health and Social Services Free Standing Surgical Center Regulations (3355).

I affirm that all the information provided herein is complete and true. I further agree to conduct said Facility in accordance with laws of the State of Delaware and with the rules and regulations of the Delaware Division of Health Care Quality.

Name of the person completing the form	Title
Email	Phone
Signature	Date

Checks should be made payable to **STATE of DELAWARE**  
Initial Licensure Fee \$250                      Annual Licensure Fee \$150

Please type and return the application with the licensure fee to

**Office of Health Facilities Licensing and Certification**

**263 Chapman Road, Suite 200**

**Newark, DE 19702**

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Application Reviewed & Approved By				Date
Director/Designee				Date
Type of License	Initial	Annual	Probationary	Provisional
Licensure Period		To		
License Sent Date		Initials		

Rev. 01-30-2023