PUBLIC HEALTH DIVISION
Health Care Regulation and Quality Improvement Section
Health Facility Licensing and Certification Program
www.healthoregon.org/hflc

Hospice License Application Form

Type of Action	
New hospice*: ◯ License renewal: ◯	License #: Average daily census:
Is hospice accredited? ◯ Yes ◯ No	
Accrediting agency:	Effective date:

Change Request	**Effective Date of Change**	**Change Request**	**Effective Date of Change**
☐ Name/ ☐ Address		☐ Service Area**	
☐ Ownership*		☐ Administrator	
☐ Add/Remove Multiple Location Office (MLO)**		☐ Other (specify):	
☐ Other (specify): _____			

* Fee Payment Required (See back of this form for amount) **Requires Public Health Division pre-approval

Hospice Information		
Hospice legal name:		
Hospice DBA Name (if applicable):		
Hospice physical address, city, state & ZIP:		
Phone:	Fax:	County:
Hospice Mailing Address (if different from above):		
Name of Administrator:		Phone:
Administrator e-mail:	Hospice e-mail:	
Tax status: Profit ◯ Non-profit ◯ Tax ID#:		
Emergency Contact Name:		
Emergency Contact Phone:	Emergency Contact Email:	
Describe the geographic service area for this hospice:		
Name of Owner(s):		
Ownership type: Corporation ◯ Partnership ◯ Sole proprietor ◯ Other ◯ Specify:		
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary.		
Phone:	Fax:	County:

Revised: 07/2022

Services and Staffing - Indicate number of individuals for each category as applicable in columns 3, 4, and 5				
Service Type	Staffing	Number of employees	Number of staff under contract or arrangement	Number of volunteers
Physician services	Medical Doctors (MD), Doctor of Osteopathy (DO)			
Nursing services	Registered Nurses (RNs)			
	Licensed Practical Nurses (LPNs)			
Medical Social Service (MMS)	Masters prepared Social Worker (MSW)			
	Qualified Bachelors prepared Social Worker(s)			
Counseling services – bereavement	Qualified Bereavement Professional			
Counseling services – dietary	Qualified Registered Dietician or Nutritionist			
Counseling services – spiritual	Clergy, Pastoral Counselors, or other(s)			
Physical Therapy (PT)	Licensed Physical Therapists (LPTs)			
	Licensed Physical Therapist Assistants (LPTAs)			
Occupational Therapy (OT)	Licensed Occupations Therapists (OTs)			
	Licensed Occupational Therapist Assistants (COTAs)			
Speech Therapy (ST)	Licensed Speech Pathologist (SLPs)			
Hospice Aide services	Qualified Hospice Aide(s)			
Homemaker services	Qualified Homemakers(s)			

Multiple Location Office (MLO) Operations – List required information for each MLO. List additional locations on a separate page. Indicate “A” if adding, “R” if removing, or leave blank if no change.				
Enter A or R		Address	Phone	Distance from primary hospice
A ☐	R ☐			
A ☐	R ☐			
A ☐	R ☐			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

Administrator’s Signature _____ ***Print Name*** _____

Print Title _____ ***Date (mm/dd/yyyy)*** _____

HCRQI Office Use Only

Effective date of initial licensure: _____ Initials: _____ Date: _____

Renewal Licensure/Change: Approved: _____Denied: _____Withdrawn: _____ Initials:_____ Date:_____

CASH OFFICE: QC **617** initial/QC **618** renewal

ALL APPLICATION FEES ARE NON-REFUNDABLE

Fee Schedule	Hospice
New	$1,140.00
Annual renewal	$1,140.00
Change of ownership	$1,140.00

Make check payable to: **Oregon Health Authority**
Mail payment to: **HFLC**
PO Box 14260
Portland, OR 97293

Questions about this application? Phone: 971-673-0540 Email: mailbox.hclc@odhsoha.oregon.gov

NEW HOSPICE APPLYING FOR INITIAL LICENSURE MUST COMPLETE REMAINDER OF PAGE AND SUBMIT WITH APPLICATION PACKET

Initial (new Hospice) Licensure Application Checklist

☐ Complete the Hospice License Application form.

☐ Include a check or money order for $1,140.00 payable to the "Oregon Health Authority".

☐ Include a resume for your administrator. Please ensure that your administrator resume meets the following requirements:

- Must be current;
- Must include employer names and locations, dates of employment including month and year, title of positions held, and duties performed;
- Must show evidence that the administrator is a hospice employee who possesses the education and experience required by the hospice governing body as required by CFR 418.00; and,
- A job description which reflects the governing body approved education and experience qualifications must accompany the resume.

☐ Develop agency specific policies and procedures, forms, curriculums to address and ensure compliance with the Hospice OARs, Division 35, 333-035-0045 through 333-035-0105. Include a sampling of those policies and procedures that demonstrate compliance with the following requirements:

- CFR 418.52 Patient's Rights
- CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services
- CFR 418.100 Organization and Administration of Services

☐ Send everything listed above to: HFLC, PO Box 14260, Portland, OR 97293 to attention of the Hospice Program. Please do not send in partial applications or incomplete documentation.