



One Detjen Drive
Crestwood, MO 63126

APPLICATION FOR OUTPATIENT SURGICAL TREATMENT CENTERS

Applicant's Name: _____

Business Address: _____

Residence Address (if individual) _____

If Partnership, give names and business and residence addresses of partners and attached an executed copy of the partnership agreement.

If Corporation, give names and business and residence addresses of the officers and board of directors, and attached an executed copy of the current articles of incorporation.

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1) Outline the training and experience of the applicant relevant to the operation of an outpatient surgical treatment center.

2) Give names, business and residence addresses and professional training and experience of any physician(s) who shall be rendering medical service or treatment at the center, and attach a certification from each physician that he or she will be serving on the staff of the facility.

3) Describe the surgical services, medical facilities and major equipment that shall be provided at the center.

4) Attach executed copy of agreement between the center and a hospital located near the city providing for a transfer of patients of the center to the hospital for emergency treatment, whenever necessary, or, alternatively, verification that each physician who is proposed to perform surgical procedures at the center is a member of the staff (with admitting privileges) of a hospital located within the county.

5) Describe method of disposal of all human tissue and including fetal remains, together with such information as shall establish that such method of disposal conforms with all applicable governmental regulations.
