

**APPLICATION FOR LICENSE TO CONDUCT A HOSPITAL OR RELATED INSTITUTION
ADDENDUM**

Services Provided by Hospital or by Contract. Indicate all services provided by circling the Y or N in the second column, and if applicable, record number of rooms or beds in the fourth column.

This addendum is to be returned with the licensure renewal application.

Name of Institution:

Provider #:

Licensed Bed Count				
		Y	N	Number of beds
1.	Medical/Surgical Beds	Y	N	
2.	Critical/Intensive Care	Y	N	
3.	Critical/Cardiac Care	Y	N	
4.	Neonatal Intensive Care	Y	N	
5.	Labor/Delivery/Postpartum	Y	N	
6.	Pediatric Unit	Y	N	
7.	Psychiatric (Non PPS)			
		Y	N	Geriatric
		Y	N	Adolescent/Pediatric
		Y	N	Adult
8.	Psychiatric (PPS)			
		Y	N	Geriatric
		Y	N	Adolescent/Pediatric
		Y	N	Adult
9.	Rehabilitation Unit (Non PPS)	Y	N	
10.	Rehabilitation Unit (PPS)	Y	N	
11.	Alcohol and Drug	Y	N	
12.	Swing Bed	Y	N	
13.	Recuperative Care (Separately licensed hospital based SNF)	Y	N	
Other Beds/Services (does not count in licensed beds)				
1.	Operating Room	Y	N	
2.	Recovery Room	Y	N	
3.	Emergency Department	Y	N	
4.	Birthing Room	Y	N	
5.	Nursery/Bassinet	Y	N	
6.	Swimming Pool (used for patient therapy only)	Y	N	
7.	Off-Campus Emergency Department	Y	N	Please Provided the address(es) below