

Section 1: PROVIDER INFORMATION

1. FACILITY NAME AND ADDRESS

2. PREFERRED NAME AND MAILING ADDRESS FOR RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

3. FACILITY TELEPHONE NUMBER:

FAX NUMBER:

4. ADMINISTRATOR:

Name:

Email Address:

5. IF YOU CHOOSE TO PARTICIPATE IN RECEIVING ELECTRONIC RENEWAL NOTICES IN THE FUTURE, PLEASE PROVIDE ONE EMAIL ADDRESS ACCESSIBLE TO MORE THAN ONE PERSON IN THE ORGANIZATION TO ENSURE INFORMATION IS RECEIVED AND PROCESSED PROMPTLY IN THE EVENT ONE PERSON IS NOT AVAILABLE. _____

6. CONTACT PERSON: NAME, TELEPHONE NUMBER, AND EMAIL ADDRESS OF DESIGNATED PERSON FOR QUESTIONS RELATED TO PROCESSING THIS RENEWAL APPLICATION: _____

7. IS THIS FACILITY LOCATED ON A CAMPUS OR IN A BUILDING WITH ANOTHER HEALTHCARE FACILITY OR ANOTHER LICENSEE?

NO YES IF YES, LIST THE NAME OF THE OTHER HEALTHCARE FACILITY: _____

8. NUMBER OF LICENSED BEDS:

9. TYPES OF SERVICE(S):

MENTAL HEALTH

SUBSTANCE USE

Section 2: OWNERSHIP INFORMATION

1. LEGAL NAME OF THE OWNER: A) IF A CORPORATION OR LLC OR PARTNERSHIP, ENTER THE COMPANY NAME; OR B) IF AN INDIVIDUAL, ENTER THE OWNER'S PERSONAL NAME:

2. MAILING ADDRESS OF THE OWNER IDENTIFIED IN SECTION 2, #1:

3. FINANCIAL CATEGORY:

4. OWNERSHIP TYPE:

5. PERSONS IN CONTROL OF FACILITY (see instructions for completing application for further information):

6. FEDERAL EMPLOYER IDENTIFICATION NUMBER:

7. IF IDENTIFIED AS CORPORATION IN SECTION 2, #4, SPECIFY THE NAMES OF THE CORPORATE OFFICERS (NOT BOARD OFFICERS):

| | | |
|--------------------------|--|--|
| CORPORATE PRESIDENT | | |
| CORPORATE VICE PRESIDENT | | |
| CORPORATE SECRETARY | | |
| CORPORATE TREASURER | | |

Section 3 : RENEWAL LICENSURE FEES

- a. 1 TO 16 BEDS \$145.83
- b. 17 TO 40 \$160.42
- c. 51 OR MORE \$175.00

Section 4: SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM IN ORDER TO BE CONSIDERED A COMPLETE APPLICATION:

LICENSURE FEE SPECIFIED IN SECTION 3, PAYABLE TO DHHS, LICENSURE UNIT.

LIST OF PERSONS IN CONTROL OF THE FACILITY.

REQUIRE SUBMISSION OF A CURRENT FIRE INSPECTION CERTIFICATE (WITHIN 18 MONTHS PRIOR TO LICENSE EXPIRATION DATE)? YES NO

Section 5: REQUIRED SIGNATURES ON RENEWAL APPLICATION

NEB. REV. STAT. SECTION 71-433 REQUIRES THE APPLICATION TO BE SIGNED BY:

TWO OF ITS CORPORATE OFFICERS, IF THE APPLICANT IS A COPORATION

Section 6: ACCEPTANCE/SIGNATURE OF OWNER(S) AS THE LICENSEE

I/WE HAVE READ THE RULES AND REGULATIONS TITLE 175 CHAPTER 19, ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ACCEPT LEGAL RESPONSIBILITY FOR COMPLIANCE WITH TITLE 175 CHAPTER 19 SHOULD A LICENSE BE ISSUED. I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION AND STATEMENTS ON THE APPLICATION AND THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT AND I/WE HEREBY APPLY FOR A RENEWAL LICENSE.

Print name/title of authorized person shown in Section 2, #7

Signature

Date

Print name/title of authorized person shown in Section 2, #7

Signature

Date