



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

Maternity Licensure Application

General Information and Instructions

Section 3711. of the Ohio Revised Code and Chapter 3701-7 of the Ohio Administrative Code (OAC) states that a hospital maternity unit and newborn care nursery, newborn care nursery and maternity home are to be licensed and renew their license triennially. Your completed application and nonrefundable application fee are to be mailed to the address below.

Level I Obstetrical/Neonatal Care Service	\$1,250.00
Level II Obstetrical/Neonatal Care Service	\$1,750.00
Level III Obstetrical/Neonatal Care Service	\$2,250.00
Level IV Obstetrical Service/Neonatal Care Service	\$2,250.00
Level IV Obstetrical Service/Level III Neonatal Care Service	\$2,250.00
Freestanding Children's Hospital – Level III Neonatal Care Service	\$2,250.00
Freestanding Children's Hospital – Level IV Neonatal Care Service	\$2,250.00
Maternity Home	\$750.00

Your check/money order is to be made payable to the **Treasurer, State of Ohio**

Ohio Department of Health
Revenue Processing #8250
P.O. Box 15278
Columbus, OH 43215

If you have any questions regarding the actual survey or the requirements, you may e-mail the survey bureau at community@odh.ohio.gov or call (614) 387-0801. If you have questions regarding the application or fee, you may e-mail the licensure program at liccert@odh.ohio.gov or call (614) 466-7713.



Maternity Licensure Application

As defined in Chapter 3701-7 of the Ohio Administrative Code

ID #

APPLICATION TYPE		APPLICATION FEE	
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal			
<input type="checkbox"/> Level I Obstetrical Service/Neonatal Care Service		\$1,250.00	
<input type="checkbox"/> Level II Obstetrical Service/Neonatal Care Service		\$1,750.00	
<input type="checkbox"/> Level III Obstetrical Service/Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Level IV Obstetrical Service/Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Level IV Obstetrical Service/ Level III Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Freestanding Children's Hospital - Level III Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Freestanding Children's Hospital - Level IV Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Maternity Home		\$750.00	
Hospital/Home Name			
Address			
City	Zip	County	
Telephone Number	OB Unit Contact Person E-mail Address		

Mailing Address

Name		
Address		
City	State	Zip

Capacity/Floor Location

OBSTETRIC:	CAPACITY	FLOOR LOCATION
Triage	_____	_____
Labor	_____	_____
Labor Delivery/Recovery	_____	_____
Labor Delivery/Recovery/Postpartum	_____	_____
Recovery	_____	_____
Postpartum	_____	_____
Antepartum	_____	_____
Special Delivery Services	_____	_____
TOTAL OBSTETRIC CAPACITY	_____	

NEONATAL:	CAPACITY	FLOOR LOCATION
Rooming In	_____	_____
Well Baby Nursery	_____	_____
Holding Nursery	_____	_____
Special Care Unit	_____	_____
Neonatal Intensive Care Unit	_____	_____
TOTAL NEONATAL CAPACITY	_____	
Name of Local Health Department		
I hereby certify that the statutes of the State of Ohio and the rules of the Ohio Sanitary Code relating to licensed maternity hospitals/homes or children's hospitals will be faithfully observed, and this hospital/home will be maintained with due regard to the safety, health and welfare of its patients.		
CEO/Executive Director or Agent for Licensee Name		
Signature		Date