Reset Form

APPLICATION FOR LICENSURE FOR PRIVATE MENTAL HEALTH INSTITUTION

State Form 52871 (R / 1-17)

FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
CERTIFICATION AND LICENSURE
402 West Washington Street, Room W353
Indianapolis, IN 46204-2739

INSTRUCTIONS 1. Complete original application and attachments.
2. Forward to address in upper right corner of form.

I. GENERAL INFORMATION

Type of application *(Check one.)*

☐ New application ☐ Renewal

Legal name of applicant agency *(As on file with the Indiana Secretary of State, if applicable.)*

Doing Business As (DBA) name of agency, if different

Name of person in charge of this Private Mental Health Institution	Title

Address of Private Mental Health Institution *(number and street, city state, and ZIP code)*

Date of last fire / safety inspection *(month, day, year) (Must have been in the last year for renewals.)*	*Attach report. If result was with violation, attach a Plan of Correction.*
Date of last ISDH food protection survey *(month, day, year)*	*Attach report. If result was with violation, attach a Plan of Correction.*

Will the following Special Procedures listed in 440 IAC 1.5-3-12 be used? *(If yes, submit a copy of the policies and written plan to include the clinical justification.)*

☐ Seclusion and/or restraint ☐ Electro-convulsive therapy ☐ Investigational / experimental drugs

II. STAFFING

Name and title of Medical Services director *(Include license.)*

☐ Full time ☐ Part time ☐ Consultant

Name and title of nursing executive *(Include license.)*

☐ Full time ☐ Part time ☐ Consultant

Name and title of Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) *(Include copy of current registration.)*

☐ Full time ☐ Part time ☐ Consultant

Name and title of registered dietician *(Include copy of current Academy of Nutrition and Dietetics registration.)*

☐ Full time ☐ Part time ☐ Consultant

III. ACCREDITATION

Accrediting Agency	Date of last survey *(month, day, year)*	Expiration date *(month, day, year)*

IV. GENERAL CONDITIONS

Upon licensure of a Private Mental Health Institution, the applicant shall abide by all laws, rules and administrative directive governing Private Mental Health Institutions. Please refer to Article 1.5 Licensure of Private Mental Health Institutions, 42 CFR Part 2, Article 27 Human Services and Article 39 Health Records. The applicant affirms that the statements and declarations contained herein are true and correct to the best of the applicant's knowledge.

Signature of CEO / owner of applicant agency	Date *(month, day, year)*
Type or print the name of the signatory	Official title

RETURN THIS APPLICATION FORM AND ALL REQUIRED ATTACHMENTS TO ADDRESS AT THE TOP OF THE FORM.