



**APPLICATION FOR INCLUSION ON HEALTHCARE
VOLUNTEER REGISTRY BY LOCATION**

State Form 56151 (10-16)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
www.pla.IN.gov

FOR OFFICE USE ONLY

Date received (month, day, year)	Date approved (month, day, year)	Identification number
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DO NOT WRITE ABOVE THIS LINE

GENERAL INFORMATION

Legal name of business, or sponsoring organization, owner, operator, lessor or lessee	Is this a mobility or fixed location? <input type="checkbox"/> Mobile facility <input type="checkbox"/> Fixed location
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Physical address, where healthcare services are being proved (number and street, city, state, and ZIP code) (May not be a PO Box and not applicable for mobile facilities.)

Official business or mailing address (If a mobile facility, may not be a PO Box.)

Type of facility (For fixed locations only.) (Please check most applicable.)

- Dental office
- School
- Church
- Community / government building
- Commercial establishment
- Other (Please describe.) _____

Facility type may not be a physician's office; an entity licensed or certified by the Indiana State Department of Health; a health care facility, including a facility that receives federal funding; any facility at which the primary purpose is to provide health care services; or residential structure, including long term care facilities.

Name of contact person	Title
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Address of contact person (number and street, city, state, and ZIP code) (If different than above.)

Telephone number ()	E-mail address
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I do solemnly swear or affirm, under the penalties of perjury, that I am the person authorized to sign this application for inclusion on the healthcare volunteer registry for locations and that the statements made are true and correct in all respects.

Signature	Date signed (month, day, year)
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Printed name

PHYSICAL REQUIREMENTS FOR ALL LOCATIONS

844 IAC 5-9-8 Facilities and equipment
Authority: IC 25-22.5-2-7; IC 25-22.5-15
Affected: IC 25-22.5; IC 34-30-13

- Sec. 8. (a) All locations seeking inclusion on the health care volunteer registry that have a fixed location shall meet the following:
- (1) Have a reliable and readily available source of power capable of adequately powering all necessary equipment related to the provision of health care services.
 - (2) Have a reliable and readily available source of light capable of adequately illuminating the designated space necessary to the provision of health care services.
 - (3) Have a designated space within the facility where health care services will be provided.
 - (4) Conform to infectious waste management requirements as required by 410 IAC 1-3.
 - (5) Conform to universal precaution requirements as required by 410 IAC 1-4.
 - (6) Have ready access to potable water, including hot water, necessary for the provision of health care services.
 - (7) Have ready access to toilet facilities for use by individuals providing or obtaining health care services.
 - (8) Have adequate ventilation necessary for the provision of health care services.
 - (9) Keep the facility and grounds in good repair so that health care services can be delivered safely.
- (c) All locations seeking inclusion on the health care volunteer registry must have the following equipment in operating condition:
- (1) Instruments to measure vital signs.
 - (2) Means to communicate with emergency personnel outside the facility.
 - (3) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

The facility referred to in this application satisfies the above physical requirements. Yes No

ADDITIONAL REQUIREMENTS FOR MOBILE FACILITIES

844 IAC 5-9-8 Facilities and equipment
Authority: IC 25-22.5-2-7; IC 25-22.5-15
Affected: IC 25-22.5; IC 34-30-13

- Sec. 8. (b) In addition to the requirements of subsection (a), excepting subsection (a)(3) and (a)(9), all locations seeking inclusion on the health care volunteer registry that are a mobile location must meet the following facilities requirements:
- (1) The operator of the mobile facility shall maintain an official business or mailing address of record, which shall not be a post office box and which shall be filed with the board.
 - (2) The driver of the unit possesses a valid driver's license appropriate for operation of the vehicle.

The facility referred to in this application satisfies the above physical requirements. Yes No

ADDITIONAL REQUIRED DOCUMENTATION

844 IAC 5-9-3(b) requires applicants to provide evidence of compliance with the Board's rules regarding locations on the health care volunteer registry.

- 1. A drawing, map or blueprint of the facility showing the designated area where health care services will be provided; location of potable water (*including hot water*); and, location of toilet facilities.
- 2. Proof of communication facilities.
- 3. Infectious waste management procedures.
- 4. Universal precaution procedures.
- 5. Pictures taken within past eight (8) weeks of designated area within facility where health care services will be provided, and the outside entrance of the facility.
- 6. Description of health care services being provided.
- 7. For mobile facilities, copy of valid drivers license appropriate for the operation of the mobile facility.