

HEALTH REGULATION ORDINANCE 2016

HEALTH REGULATION AUTHORITY REGULATIONS 2023

(Legal Notice 56 of 2023)

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HEALTH REGULATION ORDINANCE 2016

HEALTH REGULATION AUTHORITY REGULATIONS 2023

(Legal Notice 56 of 2023)

MADE by the Minister under section 51 of the Health Regulation Ordinance.

PART I

PRELIMINARY

Citation and commencement

1. These Regulations may be cited as the Health Regulation Authority Regulations 2023, and shall come into operation on the 9 October 2023.

Interpretation

2. In the Regulations—

“consumer” means a person who purchases goods or services from a health care facility;

“governing body” means the body vested with the legal authority for control of a health care facility and to manage the affairs of the facility;

“patient” means a person receiving or registered to receive medical treatment or care at a health care facility;

“top clinical officer” means a person who holds the top management position in the clinical services of a health care facility, whichever title he holds;

“top executive officer” means a person who holds the top management position of a health care facility, whichever title he holds.

PART II

LICENSING PROVISIONS

Application for licence

3. (1) An application to operate a health care facility made in accordance with section 29 of the Ordinance shall be in Form 1 set out in Schedule 1.

(2) An application shall be accompanied by a non-refundable application fee and a licence fee as set out in Schedule 2.

(3) An application shall specify—

- (a) the type of health care facility and classification;
- (b) the type of health services to be conducted in the health care facility;
- (c) whether the health care facility will be operated by a body corporate, an individual, a partnership or government;
- (d) the Ordinance or laws under which the health care facility has been incorporated or registered; and
- (e) any type of arrangement that a health care facility has entered for purposes of operation, where applicable.

(4) An application shall be accompanied by such information as is relevant to the application, which shall include, where applicable—

- (a) proposed location of the facility and documentation by the Department responsible for planning, which states that the applicant has met the local zoning requirements;
- (b) offsite location;
- (c) description of health care facility and plant design for a proposed construction;
- (d) proposed use of unutilised space and a copy of the development application from the relevant authority;
- (e) days and hours of proposed operation;
- (f) total bed capacity;
- (g) staffing (number and type for technical, clinical and administrative staff);

- (h) name, qualifications and experience of top executive officer of a health care facility;
- (i) individual in charge in the absence of the top executive officer;
- (j) name, qualifications and experience of top clinical officer;
- (k) name of owner of health care facility, including documentation which shows a comprehensive list of directors and shareholders;
- (l) proof of company's incorporation, registration and business licence;
- (m) for existing health care facility, name of previous owner and copy of the licence;
- (n) organisational structure;
- (o) proof of ownership of the building, and if applicant is not the owner, proof of legal right to occupy property, including lease agreement;
- (p) name of individual responsible for administration of a health service in the facility;
- (q) the name, start and end date of the terms of office of a member of the governing body of the facility, including the chairperson;
- (r) a licence to practice from the relevant council for a top clinical officer at a health care facility, issued in terms of the Health Professions Ordinance;
- (s) for a sole practitioner or applicant seeking to open his own facility, a letter of intent from the relevant council under the Health Professions Ordinance stating that subject to his obtaining a licence to operate a health care facility, a licence to practice would be issued under the Health Professions Ordinance; and
- (t) where the application is by or on behalf of a non-Turks and Caicos Islander—
 - (i) a Work Permit issued under the Immigration Ordinance; or
 - (ii) a receipt indicating that the applicant is obtaining a licence to operate a health care facility.

(5) An application for a licence shall be accompanied by information to prove financial ability to operate a health care

facility, which shall be in Form 2 set out in Schedule 1 or other document that the Authority may approve.

Process of application

4. (1) An applicant shall demonstrate that he or it has the capacity to operate a health care facility in accordance with the Ordinance, Regulations and standards governing a health care facility.

(2) In consideration of an application, the Board shall consider—

- (a) an applicant's history in operating a health care facility including any evidence of violations for serious risk of harm to a patient or consumer; and
- (b) a record of criminal convictions representing risk or harm to the safety or welfare of a patient or consumer, of the following persons—
 - (i) owner;
 - (ii) top executive; and
 - (iii) clinical staff and overall staff.

(3) The Board may conduct background checks on the applicant to determine the suitability or capability of an applicant to operate or continue to operate a health care facility.

(4) A background check conducted in accordance with subregulation (3) shall include—

- (a) verification of licence status;
- (b) verification of educational credentials;
- (c) verification of residency status;
- (d) verification of solvency; and
- (e) where necessary, contact with overseas government agencies and officials to determine if the applicant has any outstanding warrants, complaints, criminal convictions or records of malpractice actions.

Issue of licence

5. (1) The Board may issue a licence if it is satisfied that the applicant meets the requirements for a licence.

(2) A licence shall be in Form 3 set out in Schedule 1 and may include the following information—

- (a) the name of the person to whom the licence is issued;
- (b) the name and location of a health care facility;
- (c) the type of health care facility and classification; and
- (d) the date of issue and expiry of licence.

Conditions of licence

6 The Board may issue such conditions to the licence as it may deem fit to impose.

Application for renewal of licence

7. (1) An application to renew a licence made in accordance with section 32 of the Ordinance shall be made in Form 1 set out in Schedule 1.

(2) An application made under subregulation (1) shall be submitted to the Secretary of the Board and accompanied by a non-refundable application fee and a licence fee as set out in Schedule 2.

Application for change: general

8. (1) An application for a licence made as a consequence of a change of ownership of a health care facility in terms of section 34D(1)(a) and 34E of the Ordinance shall be made in Form 1 set out in Schedule 1.

(2) An application made under subsection (1) shall be accompanied by an affidavit in Form 4 set out in Schedule 1.

(3) An application for the variation of a licence made in accordance with section 34D(1)(b) of the Ordinance shall be made in Form 1 set out in Schedule 1.

(4) An application for the change to the premises by renovation made in accordance with section 34D(1)(c) of the Ordinance shall be made in Form 1 set out in Schedule 1.

(5) An application made under this regulation shall be submitted to the Secretary of the Board and accompanied by a fee as set out in Schedule 2.

(6) The Board shall, if it is satisfied that the proposed changes satisfies the conditions for the licence of a health care facility and operations under the Ordinance, Regulations and any standards, approve an application for change, and where required issue a new licence or vary a licence.

Application to change facilities

9. (1) A licensee who wishes to move to other premises for their operations shall make an application to the Board in Form 1 set out in Schedule 1.

(2) The Board shall, if it is satisfied that the proposed premises satisfies the conditions for the licence of a health care facility and operations under the Ordinance, Regulations and any standards, approve the move to the proposed facilities.

(3) The Board shall, where it gives approval to move to the proposed facilities amend the licence to indicate the change of premises.

Replacement of lost or damaged licence

10. (1) A licensee may make a written request to the Authority for replacement of a lost or damaged licence.

(2) The request made under subregulation (1), shall be accompanied—

(a) by a police report confirming that the licensee has reported the lost or damaged licence to the police; and

(b) a replacement fee as set out in Schedule 2.

(3) The Authority may issue the licence if it is satisfied that the applicant was duly licensed and is in compliance with the Ordinance.

Notice of voluntary discontinuance of health care facility

11. (1) A person who seeks to discontinue the operations of a health care facility shall submit a notice of voluntary discontinuance of the operation of a health care facility in Form 5 set out in Schedule 1.

(2) A notice of discontinuance shall be accompanied by the licence of the health care facility in terms of the requirement to surrender a licence under section 36A(1)(c) of the Ordinance.

(3) The Board shall on receipt of such notice, approve the discontinuance of the operation of the health care facility.

PART III

SCOPE OF OPERATION—CONTROL AND MANAGEMENT

Interpretation of Part III

12. For purposes of this Part, a “chairperson” means the chairperson of the governing body, whichever title he holds.

General requirements

13. (1) A health care facility operated by a body corporate or by government shall, where applicable, ensure that the structure of a health care facility has the following—

- (a) a governing body;
- (b) a top executive officer;
- (c) a top clinical officer; and
- (d) necessary non-clinical and registered and licensed clinical staff.

(2) A health care facility operated by a partnership shall appoint a manager.

(3) In the case of health care facility operated by a sole practitioner, the sole practitioner shall exercise management responsibilities.

(4) A health care facility shall be managed through strategic goals and key roles aimed toward quality improvement and patient or consumer safety.

Management of health care facility

14. (1) The management board or board of directors of a health care facility which is a body corporate shall be the governing body of a health care facility.

(2) The governing body of a government owned health care facility shall be a board designated by the Minister for that purpose.

(3) A health care facility that is not operated by a body corporate or government shall be under the management of—

- (a) the sole practitioner; or
- (b) in the case of a partnership, a person appointed as a manager.

(5) The governing body, or in the case of a health care facility not operated by a body corporate or government, the sole practitioner or manager, shall have the authority and

responsibility for the direction and policy of a health care facility and may issue policies, rules and procedures to implement best practice standards.

(6) A chairperson of a governing body, or in the case of a health care facility not operated by a body corporate or government, the sole practitioner or manager, shall be a qualified leader who possesses strong strategic ability and health care business acumen to ensure that health care services are provided to the highest standard, quality and safety.

Meetings of governing body

15. (1) A governing body shall hold such meetings as is necessary for the exercise of its functions.

(2) The governing body may regulate its procedure, but in a meeting, the top executive officer and top clinical officer shall be non-voting members of a governing body and shall not be counted for the purposes of a quorum.

(3) Minutes of the meeting of a governing body shall be recorded, signed and retained in a health care facility as a permanent record.

Functions of governing body or manager

16. The functions of a governing body, sole practitioner or manager of a health care facility shall include—

- (a) to formulate policies and procedures, guidelines, standard operating procedures and manuals to be used in a health care facility;
- (b) to maintain compliance with all applicable laws, policies, procedures and plans of correction;
- (c) to put systems in place to ensure the safety and quality of all services, care and treatment are provided to a patient and consumer;
- (d) where there is a position for a top executive officer, to designate and define duties and responsibilities of the top executive officer;
- (e) to review, at least once a year, the clinical care provided and the utilisation of the resources; and
- (f) to establish a means for effective communication and coordination—
 - (i) between the top executive officer and any existing medical staff and the various executive staff in the various departments; or

- (ii) where there is no position for a top executive officer, between the manager of a health care facility and other members of staff.

Powers and duties of governing body or manager

17. (1) Without prejudice to the powers and duties provided by any enactment, a governing body, sole practitioner or manager of a health care facility shall develop policies and procedures, to include—

- (a) provision for appropriate human resource management;
- (b) ensuring the health care facility is entirely smoke-free;
- (c) determination of the hours of operation to meet the convenience of patients or consumers where affordable and financially viable;
- (d) declaration of the death of a patient, in a health care facility managing clinical services, in a manner that will accommodate the religious beliefs of a patient on the declaration of death, and the policies shall indicate the cause of death, medication given, examinations done, and the medical practitioner who cared for the patient;
- (e) facilitating the transfer of a dead body to the family from a health care facility managing clinical services, and ensure that when a patient dies, the dead body shall not be in the facility for more than one day;
- (f) management of patient visits, in a health care facility managing clinical services, in the best interest of patients, including—
 - (i) protection from communicable diseases;
 - (ii) protection from exposure to deleterious substances and hazardous equipment; and
 - (iii) the assurance of the health and safety of patients; and
- (g) notifying the police and Coroner of deaths within a health care facility managing clinical services, in accordance with the Coroners Ordinance.

(2) The policies and procedures issued under subregulation (1) shall be revised at least every three years by the health care facility.

(3) A governing body, sole practitioner or manager shall develop and implement a complaints procedure for patients and visitors, which include—

- (a) a system for receiving complaints;
- (b) a specified response time; and
- (c) the assurance that the received complaints are referred appropriately for review, development of resolutions and follow-up action.

(4) In accordance with the directions issued by the governing body, sole practitioner or manager, a health care facility shall establish a mechanism for involving patients and consumers in the formulation of policy and procedures.

Notification of vacancy

18. (1) The governing body shall notify the Authority in writing—

- (a) within thirty working days when a vacancy for the top executive officer occurs, including who will be responsible for assuming duties of the position until another person is appointed; and
- (b) within thirty working days when the vacancy for the top executive officer is filled, indicating the effective date of the appointment and the name, qualifications and experience of the individual who is appointed.

(2) In the case of a health care facility operated by a sole practitioner, the sole practitioner shall notify the Authority in writing within thirty working days, that he has ceased to operate the health care facility.

(3) In the case of a health care facility operated by a partnership, the partners shall notify the Authority in writing—

- (a) within thirty working days when a vacancy for the manager occurs, including who will be responsible for assuming duties of the position until another person is appointed; and
- (b) within thirty working days when the vacancy for the manager is filled, indicating the effective date of the appointment and the name, qualifications and experience of the individual who is appointed.

Top executive officer

19. (1) A top executive officer shall be the manager for a health care facility which is operated by a body corporate or government.

(2) A top executive officer shall be responsible for planning, organising, directing and controlling the day-to-day operation of a health care facility and shall report to the governing body on all matters related to the maintenance, operation and management of the facility.

(3) The top executive officer shall be directly responsible to the governing body for ensuring the facility meets the requirements in accordance with the Ordinance, Regulations and standards governing the operation of a health care facility.

(4) Without prejudice to powers and duties provided in any enactment, the responsibilities of the top executive officer include—

- (a) providing for the protection of patients or consumers' health, safety, and well-being;
- (b) maintaining staff appropriate to meet patients' needs;
- (c) developing and implementing procedures on collecting and reporting information on treatment, abuse, neglect and exploitation in accordance with the Ordinance, Regulations and standards governing the operation of a health care facility;
- (d) ensuring that investigations of suspected abuse, neglect or exploitation are completed and that steps are taken to protect patients; and
- (e) ensuring appropriate response to requests from the Authority.

Top clinical officer

20. (1) A health care facility shall, where applicable, have a top clinical officer who shall report to and be accountable to the governing body by reporting through the top executive officer.

(2) Any correspondence between the top clinical officer and the top executive officer shall be documented.

(3) A top clinical officer shall oversee the clinical services provided by a health care facility.

(4) The functions of the top clinical officer shall include—

- (a) to facilitate communication among the medical staff and with the other members of staff of the health care facility;
- (b) to implement the health care facility and medical staff policies and procedures;
- (c) to recommend the appointments for the medical staff and scope of clinical privileges;
- (d) to ensure the provision of continuing medical education; and
- (e) to take other necessary actions to govern the medical staff.

Management committee

21. (1) A health care facility managing clinical services through departments, shall assign a head of department to each department including, medical, nursing and administrative departments.

(2) The responsibility of a head of department shall include—

- (a) to maintain and provide a written description of the services provided by the department;
- (b) to ensure coordination and integration of the services of a department with other departments when relevant;
- (c) to recommend space, staffing, and other resources needed to fulfil the responsibilities of a department;
- (d) to define the education, skills, and experience needed by each category of employee in the department;
- (e) to ensure that there is an orientation and continuing education programme for the employees; and
- (f) to develop and implement a department quality improvement programme.

(3) A health care facility operating through existing departments shall establish a management committee consisting of a head of each department of the facility.

(4) The top executive officer shall be the chairperson of the management committee.

(5) The management committee shall advise the top executive officer on the day-to day management of the health care facility.

(6) A management committee shall meet on a regular basis as is necessary or expedient for the discharge of its duties, but in any case, at least four times a year.

(7) The minutes of the meeting shall be recorded and made available to the Authority upon request.

Responsibilities of sole practitioner or manager

22. In the case of a health care facility operated by a sole practitioner or partnership, the sole practitioner or manager shall have responsibility for—

- (a) planning, organising, directing and controlling the day-to-day operation of the health care facility;
- (b) providing for the protection of patients or consumers' health, safety, and well-being;
- (c) maintaining staff appropriate to meet patients' needs;
- (d) developing and implementing procedures on collecting and reporting information on treatment, abuse, neglect and exploitation in accordance with the Ordinance, Regulations and standards governing the operation of a health care facility;
- (e) ensuring that investigations of suspected abuse, neglect or exploitation are completed and that steps are taken to protect patients; and
- (f) ensuring appropriate response to requests from the Authority.

PART IV

HUMAN RESOURCE MANAGEMENT

Human resource requirements

23. (1) A health care facility shall carry out the major functions of human resource management through a strong human resource department or responsible equivalent.

(2) A service unit of the health care facility shall maintain a sufficient number of staff with the qualifications, training and skills necessary to meet the needs of a patient or consumer, in accordance with the standards issued for each profession.

(3) Every recruitment and selection shall follow a consistent approach, using the appropriate procedures manual approved by, the governing body of a health care facility, or in the case of a health care facility not operated by a corporate body or government, the manager.

(4) A health care facility shall ensure that all recruited health professionals are registered and licensed in accordance with the Health Professions Ordinance.

(5) A health care facility shall keep and maintain records of information of all employees including temporary employees, which include—

- (a) existing registration and licensing information;
- (b) certification or other credentials before assuming job responsibilities and those obtained during the course of employment;
- (c) work history, current job description and evidence of orientation;
- (d) in-service education or training and copies of an annual evaluation; and
- (e) medical and health examination information.

(6) When a health care facility terminates the employment of a health professional as a result of a job related incident, the health care facility shall submit a report of the incident to the Authority.

Health requirements for health professionals

24. (1) A health care facility shall ensure that a medical practitioner employed in the facility takes a health examination performed by another medical practitioner or other qualified health professional, at the time of appointment and every two years thereafter.

(2) A health care facility shall ensure that, employees other than a medical practitioner, performing duties involving direct patient care, undertakes a health screening performed by a medical practitioner or other qualified health professional, before taking up that role and every two years thereafter.

(3) A health screening referred to in subregulation (2), shall include a medical history, physical examination and any indicated laboratory work and investigations.

(4) After a health screening is conducted in terms of subregulations (2) and (3), a report shall be prepared and signed

by the examining medical practitioner or other qualified health professional.

(5) The report made under subregulation (4) shall be kept on file in the health care facility and be open to inspection by the Authority.

(6) An employee of a health care facility who is involved in direct patient care and who has been absent from duty because of an illness required to be reported to the Ministry shall, before returning for duty, obtain certification from a medical practitioner or other qualified health professional, indicating that he may return to duty without apparent danger of transmitting the cause of the illness to a patient.

(7) The requirement set out in subregulation (6) shall be provided in the policies of a health care facility.

(8) An employee of a health care facility or other person who routinely comes in contact with a patient or consumer, or a patient or consumer area shall be immunised against communicable diseases in accordance with relevant guidelines developed by the Ministry.

Staffing plan

25. (1) A health care facility shall provide a minimum staff requirement plan for each discipline, in accordance with the Ordinance, Regulations and standards governing the operation of the health care facility.

(2) Where a health care facility requires additional staff, a staffing plan shall be developed in collaboration with different service units and management, identifying the number and types of employees required.

(3) A health care facility shall use a planning process that recognises a process for estimating the staffing needs, such as the workload indicators of staffing need method, to provide the health care facility with a systematic way to make staffing decisions in order to manage its human resources well.

(4) A staffing plan shall be reviewed on an ongoing basis and updated as necessary and include—

- (a) the total number and types of staff needed for the health care facility as a whole and for each service unit;
- (b) the total number and types of staff currently available for the health care facility as a whole and for each service unit;

- (c) the required education, skills, knowledge, and experience required for each position; and
- (d) the process and time period for periodically reviewing and updating the plan, which shall be done at least every two years.

Job description and orientation

26. (1) At the time of employment, a health care facility shall provide an employee with a job description and where required, an orientation specific to his job responsibilities.

(2) A job description referred to in subregulation (1) shall include—

- (a) title and grade of the position;
- (b) specific purpose of the job;
- (c) job requirements;
- (d) reporting mechanism;
- (e) evaluation criteria; and
- (f) description of the job location and work environment.

(3) An orientation programme for all employees shall include a wide orientation of the health care facility, service unit and job specific levels.

(4) A health care facility shall provide and maintain evidence of an orientation programme for all new staff and where required, an orientation for existing staff who are given new assignments.

(5) The orientation programme shall include an explanation of—

- (a) job duties and responsibilities;
- (b) facility sanitation and infection control programmes;
- (c) organisational structure within the health care facility;
- (d) policies, including, all environmental safety programmes, infection control and quality improvement;
- (e) patient or consumer rights;
- (f) patient care or consumer policies and procedures relevant to the job;

- (g) personnel policies and procedures;
- (h) emergency procedures;
- (i) disaster preparedness plan; and
- (j) reporting requirements for abuse, neglect or exploitation.

(6) The management of a health care facility shall provide orientation on the structure and administration of the health care facility.

Employees: education and training

27. (1) A health care facility shall ensure that its employees receive training in order to perform assigned job responsibilities.

(2) A health care facility shall also ensure that all employees undertake continuing professional education to maintain or advance their skills and knowledge, relevant to the setting in which they work, as well as to facilitate the continuing advancement of the health care facility.

(3) A health care facility shall conduct or approve a programme in accordance with the continuing professional education guidelines issued under the Health Professions Ordinance and through qualified and recognised continuing professional development providers or professional associations.

(4) A health care facility shall keep and maintain a record of continuing professional development for an employee, which includes information on—

- (a) the type and level of training;
- (b) the date the training was conducted and length of time;
- (c) the topics for the training; and
- (d) the information of the participants.

(5) A health care facility shall periodically test the knowledge of employees through demonstration, mock events and other suitable methods.

(6) A health care facility shall keep and maintain a record of the testing conducted under subregulation (5).

Medical staff

28. (1) A health care facility shall ensure that any clinical service is organised under the direction of a registered and licensed health professional who is a medical specialist for that clinical service.

(2) A medical specialist referred to under subregulation (1) shall where applicable, be responsible to the top clinical officer, or in the case of a health care facility that is not operated by a corporate body or government, to the manager, for the medical care and treatment provided in a health care facility and shall—

- (a) participate in a quality assurance or performance improvement programme to determine the status of patient care and treatment, in accordance with the Ordinance, Regulations and standards governing the operation of the health care facility;
- (b) ensure that there is adequate documentation of medical events, which include a review of discharged patients to ensure that medical records meet the required standards of completeness, clinical pertinence and promptness and completion of the discharge;
- (c) actively participate in the study of a health care facility's associated infections and infection potentials, and promote preventive and corrective programmes designed to minimise hazards;
- (d) abide by the health care facility and medical staff policies;
- (e) participate in establishing a disciplinary process for the infraction of policies;
- (f) review the clinical works of the employees in regular medical staff meetings; and
- (g) complete medical staff administrative duties.

(3) In the case of a health care facility managing clinical services, the development and surveillance of pharmacy and therapeutic practices in relation to drug utilisation shall be performed by the medical staff in collaboration with the pharmacist.

(4) As a crucial part of the policy to maintain the availability of medical practitioners, particularly in a hospital or similar health care facility, a practitioner not limited to, a fellow, internist, paediatrician, and consultant cardiologist shall be available on call through telephone, telehealth or telemedicine service.

Employee's health

29. (1) A health care facility shall institute systems and processes that minimise the risks of employees, protect

employees and provide access to care when needed, which includes, a comprehensive occupational health and safety programme with the following components—

- (a) staff dedicated to coordinate occupational health and safety activities;
- (b) policies and procedures that define components of the programme; and
- (c) training for staff on programme components.

(2) A designated, qualified individual shall coordinate and develop the health care facility's occupational health and safety requirements and activities as part of the execution of core duties to ensure—

- (a) an occupational health and safety policy and procedure is in place to train staff to become familiar with the occupational health and safety programme of the facility, and to identify, assess and address health and safety risks to staff and prevent those risks that will potentially compromise their health and safety;
- (b) the assessment and documentation of safety risks are accomplished through formalised, structured assessments that are done at regular intervals and logged in a format such as a register or report;
- (c) the information gathered and documented from the assessment is reported to the management committee or in the case of a health care facility not operated by a body corporate or government, the manager;
- (d) interventions and communication strategies are designed and implemented to address the risks that are identified and to communicate to the staff their risks and the aligned prevention measures or interventions;
- (e) the regular monitoring of the occupational health and safety activities of a health care facility, to assess how effective it has been in reducing risk;
- (f) written policies and procedures are in place—
 - (i) to manage manual handling risks;
 - (ii) to minimise work-related stress; and
 - (iii) to define how harassment, physical violence or aggression against staff, from patients, caregivers, and other staff, is addressed;

- (g) to ensure that all employees have full pre-employment health screening, covering Hepatitis B, other relevant vaccines and Tuberculosis status, and are declared fit for their respective roles before taking up employment, including having—
 - (i) written instructions for health care staff to follow in notifying the health care facility's administration of infectious status;
 - (ii) documentary evidence of vaccination records for all health care staff employed, including Hepatitis B status for all health care staff who perform exposure-prone procedures; and
 - (iii) staff are tested for and vaccinated against Hepatitis B, if there is no evidence of previous vaccination produced;
- (h) employees access immunisation services to protect against infectious or communicable diseases;
- (i) have a programme in place to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries), and the programme shall include—
 - (i) measures to prevent needle stick and other injuries;
 - (ii) training on infection prevention techniques;
 - (iii) sharps risk reduction;
 - (iv) provision of post-exposure prophylaxis; and
 - (v) proactive working and duty hours; and
- (j) personal protective equipment and standards for infection, prevention, control and sanitation.

(3) In the case of a health care facility managing clinical services, particularly a hospital or similar health care facility, the following amenities shall be provided to employees—

- (a) cafeteria;
- (b) adequate toilet and shower facilities;
- (c) library; and
- (d) recreational area such as a green area, break room.

Dress code, uniforms and employee identification badges

30. (1) A health care facility managing clinical services, particularly in the case of a hospital or similar health care facility, shall ensure that for areas involving direct patient contact—

- (a) footwear shall be safe, supportive, clean, and non-noise producing;
- (b) no open toe shoes shall be worn;
- (c) artificial nails are prohibited, natural nails must be kept short and jewellery must be kept to a minimum;
- (d) hair must be worn in a way that prevents contamination and does not present a safety hazard; and
- (e) dressing shall not interfere with the service provided.

(2) A health care facility managing clinical services, particularly in the case of a hospital and similar health care facility, shall—

- (a) specify a particular style or colour of uniform with different style or colour code, separate for each human resources for health category, employee and trainees and the employee shall keep the uniform neat, wrinkle free and in good repair; and
- (b) provide employee identification badges, which shall be worn at all times while at work and be easily visible, with name, profession and department facing outward.

PART V

RIGHTS AND DUTIES OF USERS AND HEALTH PROFESSIONALS

Definition of “informed consent”

31. For purposes of this Part, “informed consent” is a process that requires the following elements—

- (a) full disclosure of all information relevant to decision making by the patient or consumer, including potential risks, possible benefits, and alternatives;
- (b) comprehension, to ensure the patient or consumer fully understands the required information;

- (c) voluntariness, to ensure the patient or consumer is free to make decisions on the matter;
- (d) competence, to ensure the patient or consumer is mentally able to understand and make decisions; and
- (e) consent, where the decision is made by the patient or consumer to permit the intervention or treatment, with documentation of the consent provided.

Right to informed consent

32. (1) A health care facility shall protect and promote each patient or consumer's right to informed consent.

(2) A patient or consumer's right to informed consent shall be included in the establishment and implementation of written policies and procedures for patient or consumer's rights.

(3) If a patient or consumer is incapable of giving informed consent, consent shall be sought from the patient or consumer's next of kin or guardian, or through an advance directive, to the extent authorised by law.

(4) An informed consent shall be required from the patient or consumer, or the patient or consumer's next of kin or guardian, when the patient or consumer is unable to give such consent before undertaking—

- (a) any type of procedure and treatment; and
- (b) a photographic, audio, video or other similar identifiable recording.

(5) An informed consent may not be required during emergency cases or life threatening situations, where the patient or consumer is not capable of giving an informed consent and his next of kin or guardian is not available.

(6) A person shall be required to give informed consent in writing, and the informed consent shall be required at least for the following—

- (a) surgery and other invasive procedures;
- (b) general anaesthesia;
- (c) blood transfusion; and
- (d) blood or genetic testing in stigmatizing diseases like HIV.

(7) For purposes of this section, "advance directive" means a power of attorney, a court order or any legal direction to offer consent on behalf of a patient or consumer.

Implementation of informed consent

33. (1) A health care facility shall comply with the Ordinance, Regulations and standards governing the operation of the health care facility, and national and international codes of ethics relative to the requirement for informed consent, particularly in the cases of vulnerable groups like children, persons with a mental disorder, and geriatric patients.

(2) A patient consent form shall be available in all applicable locations such as areas where surgery, radiology or invasive procedures are done, and a health care facility shall establish and implement a process to provide a patient or other person designated to give informed consent on behalf of the patient, with appropriate education to assist in understanding the identified condition and the necessary care and treatment.

(3) A health care facility managing clinical services shall document its assessment of each patient's ability to understand the scope and nature of the diagnosis and treatment needed, in order to ascertain that the consent is informed.

(4) A patient or consumer shall give informed consent prior to the start of specified non-emergency procedures or treatments only after a medical practitioner, or other clinical practitioner or health professional has explained specific details about the recommended procedure or treatment; the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment in terms that the patient understands.

(5) If a patient or consumer does not give written consent, a medical practitioner, or other clinical practitioner or health professional shall enter an explanation in the patient's medical record.

Treatment not requiring consent

34. A patient's consent to treatment is not required where, in the opinion of the medical officer in charge of the patient's care and treatment of the patient, the treatment is necessary to safeguard the life of the patient, to restore his health, to alleviate his condition or to relieve his suffering and by reason of his illness the patient is incapable of giving such consent.

General patient or consumer rights

35. Every patient or consumer of a health care facility shall at least have the right to—

- (a) appropriate affordable health care and counselling;
- (b) receive reasonable, respectful and safe access to health services by competent personnel that the health care facility is required to provide in accordance with the Ordinance, Regulations and standards governing the operation of the health care facility;
- (c) treatment and access to medical and other health services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, sexual preferences, handicap, diagnosis, source of payment or other status;
- (d) be acknowledged by all medical and other personnel and treated with courtesy, consideration, and respect for his dignity and individuality, that is, the right to care and services that respects the patient's personal values and beliefs;
- (e) be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;
- (f) be free from chemical and physical restraints that are not medically necessary, unless they are authorised by a medical practitioner, or other clinical practitioner or psychiatrist for a limited period of time to protect the patient or consumer or others from injury; and
- (g) receive, as soon as possible, the services of a translator or interpreter to facilitate communication between a patient and the health care facility's personnel, if the patient cannot understand English.

Right to privacy

36. (1) A patient or consumer shall have the right to personal and physical privacy during medical treatment, accessing health services and personal hygiene functions, such as bathing and using the toilet, unless the patient or consumer needs assistance for his own safety.

(2) A patient or consumer's privacy shall also be respected during other health care procedures and when the health care facility's personnel are discussing the patient.

Right to be informed and participation in decisions

37. (1) A patient has the right, to be informed of his care and treatment and to participate in any decision affecting his personal health or treatment.

(2) The rights set out in subregulation (1) may include—

- (a) to be informed and participate in decisions relating to the patient's care, and to participate in the development and implementation of a plan of care and any changes to such care and plan;
- (b) to be informed of the names and functions of all medical practitioners or other clinical practitioners who are providing the patient's direct care, and these staff shall identify themselves by introduction and by wearing a name tag;
- (c) receive from a medical practitioner, or other clinical practitioner or health professional, an explanation of the patient's complete medical condition, recommended treatment, risk of the treatment, expected results and reasonable medical alternatives in terms that the patient or consumer understands;
- (d) if the information received in paragraph (c) would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian and be documented in the patient's personal medical records;
- (e) to be informed if the health care facility has authorised other health care and educational institutions to participate in his treatment, and the patient or consumer shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in his treatment; and
- (f) the right for the patient to change his mind regarding treatment, or refuse medication and treatment, and the patient shall be informed of the medical consequences of refusing treatment.

Right to confidentiality

38. (1) A patient or consumer shall have the right to have his personal identifying information kept confidentially.

(2) Information on the patient or consumer's records shall not be released to anyone outside the health care facility except as follows—

- (a) if the patient or consumer has approved the request;
- (b) if another health care facility to which the patient or consumer was transferred requires the information;
- (c) if the release of the information is required and permitted by law; or
- (d) if the patient or consumer's identity is masked, the health care facility may release data about the patient or consumer for research and related studies containing aggregated statistics.

Patient's rights when hospitalised

39. (1) When hospitalised, a patient shall be given a summary of his rights, as approved by the Authority, and any additional policies and procedures established by the health care facility involving patient rights and responsibilities.

(2) A health care facility shall ensure that—

- (a) a patient is informed of his rights during the admission process and complete summary copies of patients' rights are available at nurse stations and other patient care registration areas in the health care facility;
- (b) the summary of rights include the name and phone number of the health care facility or health care facility staff to whom a patient can complain about possible patient rights violations, and that a patient is provided with this summary in English or where possible, the patient's native language; and
- (c) a summary of these patient rights is posted conspicuously in patient rooms and in public places throughout the health care facility.

(3) A patient shall have the right to the following, when hospitalised—

- (a) have access to individual storage space in his room for private use, and if the patient is unable to

assume responsibility for his personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items;

- (b) be informed by the attending medical practitioner, or other clinical practitioner or health professional about any continuing health care requirements after his discharge from the health care facility.
- (c) to receive assistance from a medical practitioner or other appropriate health care facility staff in arranging for required follow-up care after discharge;
- (d) receive sufficient time before discharge, to have arrangements made for health care needs after hospitalisation and the discharge summary to present to his personal health services provider; and
- (e) be informed by the health care facility about any discharge appeal process to which the patient is entitled by law.

Transfer of patient

40. (1) A patient shall be transferred to another facility only for one of the following reasons, and the reason of transfer shall be recorded in the patient or consumer's medical record—

- (a) the transferring health care facility is unable to provide the type or level of medical care appropriate for the patient's needs; or
- (b) the transfer is requested by the patient or consumer, or by the patient or consumer's next of kin or guardian when the patient or consumer is mentally incapacitated or incompetent.

(2) When the health care facility seeks to transfer a patient, the health care facility shall make an immediate effort to notify the patient's primary care medical practitioner or other clinical practitioner and the next of kin, and document that the notifications were made and received.

(3) The patient shall have the right to receive from a medical practitioner, or other clinical practitioner or health professional—

- (a) an explanation of the reasons for transferring him to another facility;

- (b) information about alternatives to the transfer;
- (c) verification of acceptance from the receiving facility; and
- (d) assurance that the movement associated with the transfer will not subject the patient to substantial, unnecessary risk of deterioration of his medical condition.

(4) An explanation of the transfer shall be given in advance to the patient, or to the patient's next of kin or guardian, except in a life-threatening situation where immediate transfer is necessary.

Right to know costs of service

41. (1) A patient shall have the right to know the price of services and procedures and to receive a copy of the health care facility's payment rates, regardless of the source of payment.

(2) Upon request, a patient or consumer, or person responsible for the bill, shall be provided with an itemized bill and an explanation of the charges if there are further questions.

(3) The patient, consumer or person responsible for payment of fees, has a right to appeal the charges and the health care facility shall provide the patient, consumer or person responsible for payment of fees with an explanation of procedures to follow in making an appeal.

Access to medical records

42. (1) A patient shall have prompt access to the information contained in his medical record and to obtain a copy of the medical record in accordance with the Ordinance, Regulations and standards governing the operation of a health care facility, unless a medical practitioner or other clinical practitioner prohibits the access as detrimental to the patient's health, and explains the reason in the medical record.

(2) If a patient is prohibited access to the records in accordance with subregulation (1), the patient's next of kin or guardian shall have a right to see the record.

(3) The right to access of medical records shall persist even after the patient is discharged from the health care facility, for as long as a copy of the record is kept.

(4) A patient shall receive a medical certificate in English or where possible, in the patient's native language.

Right to make suggestions or submit grievances

43. (1) A health care facility shall allow a patient or consumer to present his suggestions or grievances, without fear of retribution, to the health care facility staff designated by the health care facility to respond to questions or grievances about patient or consumer rights, without discrimination.

(2) Where a patient or consumer has submitted a grievance, the patient or consumer shall have a right to receive an answer to the grievance within a reasonable period of time.

(3) A health care facility shall post the names, addresses, and telephone numbers of the Authority or other government agency to which the patient or consumer can complain and ask questions.

Responsibilities of health care facility

44. (1) A health care facility shall retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient or consumer is entitled by law.

(2) A health care facility shall ensure that a summary of patient or consumer rights is posted conspicuously at various places of the health care facility's premises, and also in patient rooms and public places where the health care facility is a hospital or similar health care facility.

Patient or consumer responsibilities

45. (1) Every patient or consumer shall, at least, have the responsibilities to—

- (a) maintain good personal appearance and hygiene;
- (b) provide, to the best of his knowledge, accurate and complete information regarding past medical history and issues related to his health, including unexpected changes, to the health professional responsible for the patient's care;
- (c) follow the course of treatment and instructions proposed by a medical practitioner, or other clinical practitioner or health professional to accept the consequences if treatment and instructions are refused;
- (d) report any changes in his condition, or anything that appears unsafe, to the responsible health professional;

- (e) respect his caregivers and be considerate of the rights of other patients or consumers, and to respect their privacy;
- (f) keep all appointments and notify the health care facility, or the appropriate person, when unable to do so and to fulfil their financial obligations as promptly as possible;
- (g) observe the health care facility's policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;
- (h) not litter the health care facility's premises and to be considerate of the facilities and equipment and to use them in such a manner so as not to abuse them;
- (i) direct any criticisms of health care personnel or their health care to the appropriate member of the health care team or to the administration for appropriate attention and possible remedy; and
- (j) refrain from physical or verbal abuse to the staff of a health care facility.

(2) A summary list of patient or consumer's responsibilities shall be posted conspicuously at various places throughout a health care facility's premises and also in patient rooms and public places where the health care facility is a hospital or similar health care facility.

PART VI

GUIDELINES FOR STANDARDS

Authority of standards

46. The Authority may issue standards under section 5(2) of the Ordinance in accordance with the Guidelines set out in this Part.

Guidelines for standards

47. (1) The standards shall provide specific requirements for the establishment and maintenance of a health care facility.

(2) The standards shall ensure that the establishment and maintenance of a health care facility protect the public interest by promoting the health, welfare and safety of individuals.

(3) In the promotion for health, welfare and safety referred to under subregulation (2), the standards shall include information relating to—

- (a) governance for safety and quality in a health care facility;
- (b) corporate systems and safety;
- (c) workforce planning and management;
- (d) service delivery;
- (e) provision of care;
- (f) patient identification and procedure matching;
- (g) information management;
- (h) medication safety;
- (i) blood and blood products; and
- (j) preventing and controlling health care associated infections.

Governance for safety and quality in health care facility

48. The standards shall provide for governance, safety and quality in a health care facility to ensure that—

- (a) systems of leadership and governance supports the delivery of safe and high quality care and services;
- (b) the care provided by the clinical workforce is guided by current best practice;
- (c) managers and the clinical workforce have the right qualifications, skills and approach to provide safe and high quality health care;
- (d) patient safety and quality incidents are recognised, reported and analysed, and the information is used to improve safety systems; and
- (e) patient or consumer rights are respected and they are engaged and supported in matters concerning their care.

Corporate systems and safety

49. The standards shall provide for corporate systems and safety to ensure that—

- (a) a health care facility provides quality, safe health care and services through strategic and operational planning and development;

- (b) governance is assisted by formal structures and delegation practices within the organisation;
- (c) external service providers are managed to maximise quality, safe health care and service delivery;
- (d) the research programme of a health care facility develops the body of knowledge, protects staff and patients or consumers, and has processes to appropriately manage organisational risk;
- (e) safety management systems facilitate the safety and well-being of patients or consumers, staff, visitors and contractors;
- (f) buildings, signage, plant, medical devices, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively;
- (g) emergency and disaster management supports safe practice and a safe environment;
- (h) security management supports safe practice and a safe environment; and
- (i) waste and environmental management supports safe practice and a safe and sustainable environment.

Workforce planning and management

50. The standards shall provide for workforce planning and management to ensure—

- (a) workforce planning supports the health care facility's current and future ability to address needs;
- (b) the recruitment, selection and appointment system includes a skill mix and competence of staff and mix of volunteers, to meet the needs of the health care facility;
- (c) the continuing employment and development system that will enhance the competence of staff and volunteers; and
- (d) employee support systems and workplace relations assist the health care facility to achieve its goals.

Service delivery

51. The standards shall provide for service delivery to ensure—

- (a)* the community has information on health services appropriate to its needs;
- (b)* access and admission or entry to the system of care are prioritised according to health care needs;
- (c)* patients or consumers are informed of the consent process, and they understand and provide consent for their health care;
- (d)* health care and services are evaluated to ensure that they are appropriate and effective;
- (e)* a health care facility meets the needs of patients or consumers, and carers with diverse needs and from diverse backgrounds; and
- (f)* better health and well-being are promoted by the health care facility for patients or consumers, staff, carers and the wider community.

Provision of care

52. The standards shall provide for care to ensure—

- (a)* the prevention and management of pressure injuries;
- (b)* the prevention of falls and harm from falls;
- (c)* assessment and care planning is executed to ensure that the current and ongoing needs of a patient or consumer are identified;
- (d)* a health care facility, where applicable, ensures that the nutritional needs of a patient or consumer are met;
- (e)* systems for ongoing care and discharge or transfer are coordinated and effective and meet the needs of a patient or consumer;
- (f)* the care of a dying and deceased patient or consumer is managed with dignity and comfort and family and carers are supported; and
- (g)* the health care facility suitably recognizes and responds to clinical deterioration in acute health care and achieves effective transfer handover.

Patient or consumer identification and procedure matching

53. The standards shall provide for patient or consumer identification and procedure matching to ensure—

- (a) at least three approved patient or consumer identifiers are used when providing care, therapy or services;
- (b) a patient or consumer's identity is confirmed using three approved patient or consumer identifiers when transferring responsibility of care; and
- (c) a health care facility has explicit processes to correctly match a patient or consumer with his intended care.

Information management

54. The standards shall provide for management of information to ensure—

- (a) health records management systems support the collection of information and meet the needs of a patient or consumer, and health care facility;
- (b) corporate records management systems support the collection of information and meet the needs of a health care facility;
- (c) data and information are collected and stored for improvement purposes;
- (d) a health care facility has an integrated approach to the planning, use and management of information and communication technology; and
- (e) patients or consumers' partnerships with the health care facility to foster service improvements.

Medication safety

55. The standards shall provide for medication safety to ensure—

- (a) a health care facility, where applicable, has mechanisms for adequate pharmaceutical services and the safe prescribing, dispensing, supplying, administering, storing, compounding and monitoring of the effects of medicines;
- (b) the clinical workforce accurately records a patient's medication history and the history is available throughout the episode of care;

- (c) the clinical workforce is adequately supported for the prescribing, dispensing, administering, storing, compounding and monitoring of medicines;
- (d) the medical practitioner provides a complete list of medicines of a patient to the receiving medical practitioner and patient when handing over care or changing medicines; and
- (e) the clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.

Blood and blood products

56. The standards shall provide for blood and blood products to ensure—

- (a) a health care facility, where applicable, has systems in place for safe and appropriate blood bank services, prescribing any clinical use of blood and blood products;
- (b) the clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products;
- (c) a health care facility, where applicable, has systems to receive, store, transport and monitor wastage of blood and blood products; and
- (d) patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a plan for treatment is developed.

Preventing and controlling health care associated infections

57. The standards shall provide for preventing and controlling health care associated infections to ensure—

- (a) effective governance and management systems for health care associated infections are implemented and maintained;
- (b) strategies for the prevention and control of health care associated infection are developed and implemented;
- (c) patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive necessary management and treatment;

- (d) safe and appropriate antimicrobial prescribing is evident as a strategic goal of the clinical governance system;
- (e) a health care facility and the associated environment are clean and hygienic and the reprocessing of equipment and instrumentation meets current best practice guidelines; and
- (f) information on health care associated infection is provided to patients or consumers, carers and service providers.

PART VII

MISCELLANEOUS

Insurance

58. (1) A health care facility shall have a continuous malpractice or general liability insurance policy to provide coverage for compensation claims of negligence or misconduct by health professionals in the employment of the health care facility.

(2) A malpractice or general liability insurance policy shall be a type of professional liability insurance, which provides coverage protection for every registered practitioner employed by the health care facility and for persons who work at the health care facility under a contract of service.

(3) A malpractice and general liability insurance may be used against claims which include—

- (a) professional negligence, which is an act or omission by a health professional in which the treatment provided falls below the accepted standard of practice in the medical community and causes injury or death and in most cases involves medical error;
- (b) intentional tort, which is a wrongful act resulting from an intentional act on the part of the health professional; and
- (c) strict liability tort, which is a standard of liability under which a health professional is legally responsible for the consequences emanating from a professional activity, even in the absence of criminal intent.

Maintenance and retention of records

59. (1) A health care facility shall keep and maintain a patient's medical records, either in electronic format or physical files.

(2) A health care facility shall retain a patient's medical records for a period of ten years.

(3) A health care facility may destroy medical records which have not been active for a period of ten years.

Improvement Notice

60. An improvement notice to be issued by the Chief Executive Officer under section 42(3) shall be in Form 6 set out in Schedule 1.

Prohibition Notice

61. A prohibition notice to be issued by the Chief Executive Officer under section 43 shall be in Form 7 set out in Schedule 1.

Fees

62. Schedule 2 sets out the fees which are required to be paid under the Ordinance and these Regulations.

SCHEDULE 1

FORM 1

(Regulations 3(1), 7(1), 8(1), 9(1))

APPLICATION FOR LICENCE TO OPERATE HEALTH CARE FACILITY

File #: __ Application #: ____

Total Fees Included with Application \$ ____

Health Regulation Authority Licensure Application Form

Health care facilities and providers must submit a complete application to the Health Regulation (HRA). Please provide all of the required information and supporting documentation for this application as indicated below. Applications submitted with missing forms and/or supporting documents will be deemed incomplete.

Once all required fees are received, a full comprehensive review will commence. The HRA will make a determination to approve or deny the application based on the information contained in the application and its compliance with the requirements of the Ordinance and standards governing the operation of the health care facility.

To apply online please click the HRA Health Care Facility Licensing System link to complete and submit an electronic licensure application and application fees and upload supporting documentation. A separate application is required for each facility located on separate premises.

Please note that the HRA must be in receipt of a hardcopy or electronic application for Initial, Renewal and Change of Ownership licences, at least, three (3) months prior to the commencement or continuation of existing operations and for a Change During the Licensure Period application, at least, twenty-one (21) days in advance of the effective date of a change - to avoid a fine. Additionally, please be mindful that applications will not be accepted or reviewed until the non-refundable application or change or other accompaniment fee has been received by the HRA.

APPLICATION INFORMATION

1. Type of Application (*check one*)

- ☐ Initial Licensure Proposed Effective Date _____
- ☐ Change of Ownership
- ☐ Change during the Licensure Period
- ☐ Renewal

2. Change, Renewal and Replacement Submission (if applicable)

If the entity was previously licenced as a health care facility, provide the following information:

Health Care Facility Name	Licence Number	Expiration Date	Business Licence Number
Enter name of health care facility	Enter licence number	Enter expiration date	Enter business licence #

a) Change of Ownership Particulars (if applicable – check one and indicate specific changes in the corresponding sections that follow)

☐ Owner Change ☐ Stock Transfer of greater than 51%

Proposed Effective Date _____ (This date should reflect the actual date on which the applicant will take charge of the financial management of the facility rather than the date of sale)

b) Change During the Licensure Period (If applicable - check all that apply and indicate specific changes in the corresponding sections that follow; a fee is required for some change events)

Fee Required:

☐ Change of Bed Capacity

☐ Change of Premises/Location Address

☐ Change of Services

☐ Change of Name

☐ Change of Operation Days/Hours

☐ Renovation Change⁺

+ (for the construction of new or replacement facilities or to retrofit the premises for the addition of bed or new services)

Proposed Effective Date _____

No Fee Required:

☐ Change of Controlling Interest (less than 51%)

☐ Change of Management Company

Proposed Effective Date _____

3. Type of Health Care Facility and Classification (Check one)

<input type="checkbox"/> Acupuncture Facility	<input type="checkbox"/> Alternative/Holistic Medicine
<input type="checkbox"/> Air Ambulance Facility	<input type="checkbox"/> Ambulance Service Facility
<input type="checkbox"/> Blood Bank Facility	<input type="checkbox"/> Cardiology Facility
<input type="checkbox"/> Chiropractic Facility	<input type="checkbox"/> Dental/Orthodontic Facility
<input type="checkbox"/> Dermatological Facility	<input type="checkbox"/> Dietary & Nutritional Facility

<input type="checkbox"/> Geriatric Facility	<input type="checkbox"/> Gynaecology Facility
<input type="checkbox"/> Hospital Facility – <i>General Services (Class I)</i>	<input type="checkbox"/> Hospital Facility – <i>General Acute Care Hospital (Class I)</i>
<input type="checkbox"/> Hospital Facility – <i>teaching Hospital (Class I)</i>	<input type="checkbox"/> Hospital Facility – <i>Research Hospital (Class I)</i>
<input type="checkbox"/> Hospital Facility – <i>Specialty Acute Care Hospital for Children (Class II)</i>	<input type="checkbox"/> Hospital Facility – <i>(Specialty Acute Care Hospital for Cancer (Class II)</i>
<input type="checkbox"/> Hospital Facility – <i>Specialty Acute Care Hospital for Trauma (Class II)</i>	<input type="checkbox"/> Hospital Facility – <i>(Specialty Acute Care Psychiatric Hospital (Class III)</i>
<input type="checkbox"/> Hospital Facility – <i>Specialty Acute Care Rehabilitation Hospital (Class III)</i>	<input type="checkbox"/> Hospital Facility – <i>(Specialty Substance Abuse Hospital (Class III)</i>
<input type="checkbox"/> Medical Diagnostic imaging Facility	<input type="checkbox"/> Medical Laboratory Facility
<input type="checkbox"/> Medical Spa	<input type="checkbox"/> Ophthalmology Facility
<input type="checkbox"/> Oncological Facility	<input type="checkbox"/> Otolaryngology Facility
<input type="checkbox"/> Optometry Facility	<input type="checkbox"/> Pharmacy Facility
<input type="checkbox"/> Paediatric Facility	<input type="checkbox"/> Podiatric Facility
<input type="checkbox"/> Physiotherapy Facility	<input type="checkbox"/> Primary Care Clinic Facility
<input type="checkbox"/> Polyclinic Facility	
<input type="checkbox"/> Other: <i>(Please insert below)</i>	
Click or tap here to enter text.	

Number of Practitioners

- ☐ Sole Practitioner
 ☐ Up to 5 Practitioners
 ☐ More than 5 Practitioners
☐ Other

4. Clinical and Emergency Services (check the appropriate box for each service that applies, indicate the emergency services provided and convey changes to existing services if applicable)

Services	Type of Emergency Services Provided by the Health Care Facility					
	Provided by the Health Care Facility or to be added or deleted as a change in services	Not Provided as Emergency Service	Provided Onsite 24 Hours Per Day, 7 Days Per Week	Provided Through a Combination of Onsite and Transfer Agreement(s) with Other Facility(s) 24 Hours Per Day, 7 Days	Provided Through Transfer Agreement(s) with Other Facility(s)	Provided on a Limited Basis by Exemption or Partial Exemption (including requests)
AMBULANCE SERVICES (check all the services provided)						
Basic Life Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Air Ambulance Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Ambulance Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Air Ambulance Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Escorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Repatriation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-emergency Medical Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Care Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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BLOOD AND BLOOD PRODUCTS SERVICES (Check all the services provided)						
Advanced Inpatient and Outpatient Preparations for Transfusion to Recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Fractionation/Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donor and Autologous Blood Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimens and Supplies Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Ordering and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: <i>(Please insert below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DENTAL CARE SERVICES (Check all the services provided)						
Amalgam and Resins Fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Routine Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endodontic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local and Systemic Pharmacotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Anaesthetic/Nitrous Oxide Analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Surgical Periodontal Cleaning/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Prophylaxis/Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Maxillofacial Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological and Digital Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Periodontal Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>(Please insert below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DIAGNOSTIC SERVICES (Check all the services provided)						
Computerized Tomography (CT) Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram (EKG/ECG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic Resonance Imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positron Emission Tomography (PET) Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular and Interventional Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>(Please insert below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DIETETIC & NUTRITION COUNSELLING SERVICES (Check all the services provided)						
Daily Meal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Information and Nutritional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education and Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized and Outpatient Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Coaching and Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipe and Menu Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MEDICAL LABORATORY SERVICES (Check all the services provided)						
Anatomical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrospinal Fluid (CSF) Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parasitology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Click or tap here to enter text.						
MEDICAL, THERAPEUTIC & ALTERNATIVE MEDICINE SERVICES (Check all the services provided)						
Specific Care: <input type="checkbox"/> Medical <input type="checkbox"/> Therapeutic <input type="checkbox"/> Alternative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Care: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Medical Specialist <input type="checkbox"/> Tertiary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural Therapy/Family, Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Burn Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care/Residential Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperbaric Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation Therapy Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric/Maternity/Midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patch Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician (with/without office surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy/Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/Clinical Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telemedicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NURSING CARE SERVICES (Check all the services provided)						
At Home Nursing Care/Nursing Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion and Disease Prevention Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate and Blood Pressure Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice, Long-term Care, Palliative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury or Surgery Wound Care/Dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVs and Catheters Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Specialities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal and Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Supportive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PHARMACEUTICAL SERVICES (Check all the services provided)						
Adverse Drug Reactions/Pharmacovigilance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Prescription Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Use Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTC Pharmaceuticals & Dietary Supplements Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/Consumer Consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Dispensing - Initial & Refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Click or tap here to enter text.						
SURGICAL SERVICES (Check all the services provided)						
Ambulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bariatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimally Invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Maxillofacial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic and Reconstructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please insert below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.						
Click or tap here to enter text.						

5. Facility Bed Capacity (provide the facility's current bed capacity and proposed bed capacity if applicable)

Bed Utilisation	Current Bed Count	Increase	Decrease	Final Bed Count
Acute Care	#	#	#	#
Adult Psychiatric	#	#	#	#
Adult Substance Abuse	#	#	#	#
Child Psychiatric	#	#	#	#
Child Substance Abuse	#	#	#	#
Comprehensive Medical Rehabilitation	#	#	#	#
Hospice, Long-Term Care, Palliative	#	#	#	#
Intensive Care Unit (ICU)	#	#	#	#
Neonatal Intensive Care	#	#	#	#
Paediatric Care	#	#	#	#
Total Bed Capacity	#	#	#	#

6. Hours of Operation (list the regular operating hours)

Day of the Week	Opening Time	Closing time	By Appointment
<input type="checkbox"/> Monday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Thursday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Friday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Saturday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> Sunday	Enter time	Enter time	<input type="checkbox"/>
<input type="checkbox"/> 24 Hours per day, 7 days per week	Enter time	Enter time	<input type="checkbox"/>

7. Construction Status

Is construction required? ☐ Yes ☐ No If "yes", submit the following:

Date construction begin _____

Proposed date of completion _____

LICENSEE INFORMATION

1. Licensee Particulars (provide the following information for the person, individual or entity that is seeking to operate the health care facility and to whom the licence is to be issued):

Licensee Name (owner): Enter the licensee name		NHIP Employer #: Insert # here	NIB Employer #: Insert # here
Website Address (if available): Enter web address	Telephone: Enter tele #	Email Address: Enter email address	
Address: Enter address		Postal/Mailing Address (if different): Enter address if applicable	

2. Licensee Business Structure (check one to indicate the type of business structure/ownership type for the health care facility to be licenced)

For Profit	Not for Profit	Government Funded/Public
<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> State owned
<input type="checkbox"/> Partnership	<input type="checkbox"/> Religious Affiliation*	<input type="checkbox"/> Other*
<input type="checkbox"/> Sole Proprietorship (Individual)	<input type="checkbox"/> Other*	

*Specify/Describe _____

CONTACT PERSON INFORMATION**Contact Person Particulars** *(complete the following for the contact person for this application)*

Contact Person's Full Name	Enter the contact's name
Telephone #	Enter the telephone #
Email Address	Enter the email address

HEALTH CARE FACILITY INFORMATION**1. Current Status Information** *(provide the following information)*

Name of Current/Proposed Health Care Facility: Enter the current/proposed health care facility name		Business Licence #: Enter licence #.
Website Address (if available): Enter web address	Telephone: Enter web address	Email Address: Enter web address
Location Address: Enter web address		Postal/Mailing Address (if different): Enter web address

2. Property Ownership Information *(check one to indicate property control information)*☐ Own ☐ Lease ☐ Sublease ☐ Other (Specify) _____

Please complete the following if the owner of the property, where the health care facility is located, is not the licensee:

Property Controlled By

☐ Owner ☐ Lessee ☐ Sub-lessee

Full Name	Address
Enter name	Enter address
Telephone Number	Email Address
Enter telephone #.	Enter email address

CONTROLLING INTERESTS OF LICENSEE INFORMATION

Controlling Interest (i.e. the applicant or licensee; **or** each person, individual or entity, who has a 5% or greater ownership interest in the health care facility to be licenced or in the management company/other entity, related or

unrelated, that the applicant or licensee contracts to manage the health care facility; or those who serve as officers or as members of the board of directors - voluntary board members excluded).

1. Individual and/or Entity Control Particulars (provide the following information for each person (individual, corporation, partnership, association etc.) with 5% or greater ownership interest in the health care facility to be licenced. Attach additional sheets if necessary)

a) **Individual and/or Entity Ownership of Health Care Facility**

	Full Name of Individual or Entity	NHIP #	NIB #	Telephone #
1	Romaine Missick	NHIP-04931-00	079245	3485342
2	Enter name	Insert 3	Insert #	Tele #
3	Enter name	Insert #	Insert #	Tele #
	Personal or Business Address	% of Ownership Interest		
1	Enter address	% ownership interest		
2	Enter address	% ownership interest		
3	Enter address	% ownership interest		

b) **Board Members and Officers Having Controlling Interest of the Health Care Facility** (exclude voluntary board members)

	Full Name of Individual or Entity	NHIP #	NIB #	Telephone #
1	Enter name	Enter name	Enter name	Enter name
2	Enter name	Enter name	Enter name	Enter name
3	Enter name	Enter name	Enter name	Enter name

	Personal or Business Address	% of Ownership Interest
1	Enter name	Enter name
2	Enter name	Enter name
3	Enter name	Enter name

2. Management Company Control Particulars (provide the following management company information if the health care facility will be operated under a management contract between the owner and a management company. Attach additional sheets if necessary)

a) **Contracted Management Company**

Name of Management Company		NHIP Employer #	NIB Employer #	Location Address
Enter name of management company		Insert #	Insert #	Enter address
Telephone #	Email Address	Mailing Address (if different)		Website Address
Enter tele #	Enter email address	Enter if applicable		Enter web address
Contact Person			Contact's Email Address	
Enter contact person			Enter email address	

b) **Individual and/or Entity Ownership of Management Company** (provide the information for each person (individual, corporation, partnership) with 5% or greater ownership interest in the Management Company. Attach additional sheets if necessary)

	Full Name of Individual or Entity	NHIP #	NIB #	Telephone #
1	Enter name	Enter name	Enter name	Enter name
2	Enter name	Enter name	Enter name	Enter name

3	Enter name	Enter name	Enter name	Enter name
	Personal or Business Address			% of Ownership Interest
1	Enter name			Enter name
2	Enter name			Enter name
3	Enter name			Enter name

c) **Board Members and Officers Having Controlling Interest of the Management Company** (exclude voluntary board members)

	Title	Full Name	Telephone #
1	Enter title	Enter name	Enter tele #
2	Enter title	Enter name	Enter tele #
3	Enter title	Enter name	Enter tele #
	Personal or Business Address	Effective Date	End Date
1	Enter address	Enter effective date	Enter end date
2	Enter address	Enter effective date	Enter end date
3	Enter address	Enter effective date	Enter end date

GOVERNING BOARD & PERSONNEL INFORMATION

1. Governing Board Particulars (provide the following Governing Board (or Board of Directors where it applies) information, or, in the case of a health care facility that is not operated by a corporate body, the manager or delegated entity with the legitimate authority)

	Title	Full Name	Telephone #
1	Enter title	Enter title	Enter title
2	Enter title	Enter title	Enter title
3	Enter title	Enter title	Enter title

	Personal or Business Address	Effective Date	End Date
1	Enter title	Enter title	Enter title
2	Enter title	Enter title	Enter title
3	Enter title	Enter title	Enter title

2. Top Executive Particulars (provide the following top executive information or, in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority)

Title	Full Name	Professional Licence # (if applicable)	Licence Expiration Date (if applicable)
Enter title	Enter name	Enter licence #	Enter licence expiration

Personal Address	Effective Date	End Date
Enter address	Enter effective date	Enter end date

Hours & Days at Health Care Facility
Enter Hours & Days

3. Top Executive Substitute Particulars (provide the following top executive substitute information for the person to be in charge in the absence of the top executive or, in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority)

Title	Full Name	Professional Licence # (if applicable)	Licence Expiration Date (if applicable)
Enter title	Enter title	Enter title	Enter title
Personal Address		Effective Date	End Date
Enter title		Enter title	Enter title
		Hours & Days at Health Care Facility	
		Enter title	

4. Top Clinical Officer Particulars (provide the following information for the person holding the top management position for managing the clinical services of the health care facility or, in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority)

Title	Full Name	Professional Licence # (if applicable)	Licence Expiration Date (if applicable)
Enter title	Enter title	Enter title	Enter title
Personal Address		Effective Date	End Date
Enter title		Enter title	Enter title
		Hours & Days at Health Care Facility	
		Enter title	

5. Department Heads (provide the following information for each departmental head or, in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority, who have responsibility for each service in the health care facility if applicable. Attach additional sheets if necessary)

Title	Full Name	Professional License # (if applicable)	Licence Expiration Date (if applicable)
Enter title	Enter name	Enter licence #	Enter expiration date
Department Service Managed			
Enter Department service managed			
Title	Full Name	Professional License # (if applicable)	Licence Expiration Date (if applicable)
Enter title	Enter name	Enter licence #	Enter expiration date
Department Service Managed			
Enter Department service managed			

6. Number and Type of Clinical, Technical and Administrative Staff and Clinical Staff List (provide the total number of clinical, technical and administrative staff, including risk management and safety staff along with a list of the clinical, licenced, health care professionals who provide personal care services to patients or consumers. Attach additional sheets if necessary)

Type of Clinical Staff	Total:	Type of Technical Staff	Total:	Type of Administrative Staff	Total:
Click or tap here to enter text.	#	#	#	#	#
Click or tap here to enter text.	#	Click or tap here to enter text.	#	Click or tap here to enter text.	#
Click or tap here to enter text.	#	Click or tap here to enter text.	#	Click or tap here to enter text.	#
List of Licenced Health Care Professionals Comprising Clinical Staff					
Title	Full Name	Licence #	Licence Expiration date		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		

REQUIRED DISCLOSURE

Pursuant to Regulation 4 of the Health Regulation Authority Regulations 2020, please provide the following required disclosures denoting a description and explanation of any violations and/or convictions of prohibited offenses for each person affiliated with the licensee including those having a controlling interest.

1. Has the applicant or licensee or any person affiliated with the licensee, including individuals listed in the Controlling Interests section of this application, ever been convicted of any criminal convictions and/or malpractice actions representing a risk of harm to the safety or welfare of consumers or patients? ☐ YES ☐ NO

If yes, enclosed the following information:

•The full legal name of the individual and position held _____

•Description and explanation of any convictions and if the individual has received an exemption from disqualification, for the offence, include a copy.

2. Has any health care facility, the applicant or licensee or any person affiliated with this application (who operated, managed, held a 5% or more interest in, or served as a director or officer), had any the following executed against it?

•A licence revocation action executed. ☐ YES ☐ NO

•Licence placed on probation, suspended, or revoked (whether stayed or not) or resolved by the Health Appeals Tribunal

☐ YES ☐ NO

•Determined by evidence to be guilty of licensure violations or complaints representing serious risk of harm to consumers or patients. ☐ YES ☐ NO If yes, enclose the following information:

- The aligned date(s), description and explanation of the case(s); all the health care facility(s) information; those involved (including licensees and ownership interests) and any final action(s).

3. In the past five (5) years, has the applicant or any controlling interest owned any entity that provided health or residential care in the Turks and Caicos Islands or any other country?

ACCREDITATION

Please indicate if the health care facility is accredited. ☐ YES ☐ NO If yes, please provide the information for the affiliating accrediting organisation below:

Accrediting Organisation	Accreditation ID	Effective Date	Expiration Date	Survey Date
Enter accrediting organisation	Enter accreditation ID	Enter effective date	Enter expiration date	Enter survey date

SUPPORTING DOCUMENTS

Applicants must include the following attachments. Note: The required documents listed below are dependent on the type of application submitted (Initial, Renewal, Change of Ownership, Change During Licensure Period)

Document Information to be Provided	Type of Application the Documents are required for
Proposed or existing location of the facility and offsite location(s) via a utility bill or site map.	Initial; Renewal; Change of Ownership; Change During Licensure Period
Description of the facility, proposed use of unutilized space and relevant retrofitting descriptions via a condition survey report or the facility's business plan, where applicable.	Initial; Renewal; Change of Ownership; Change During Licensure Period (premises/location address, services, bed capacity, renovation)
Copy of the development application, where applicable	Initial; Change of Ownership; Change During Licensure Period
Planning Department documentation, stating the applicant has met local zoning requirements, where applicable.	Initial; Change of Ownership; Change During Licensure Period (premises/location address, renovation)
Building ownership, and if applicant not owner, proof of legal right to occupy property, including lease agreement	Initial; Renewal; Change of Ownership; Change During Licensure Period (premises/location address)
Proof of facility ownership for the person making the application, documents of the company's incorporation – where applicable and business licence	Initial; Renewal; Change of Ownership; Change During Licensure Period (Controlling interest, Management company)
Type of health care facility, total bed capacity - if applicable, and the days and hours of proposed operation via the facility's business plan or report.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Operation days/hours, bed capacity)
Organisational structure depicted by the facility's organization chart.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Management Company)
The name, start and end date of the terms of office of a member of the governing body of the facility, including the chairperson (or in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority) via an appointment or business letter.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Management Company)
Health practitioner's licence for the holder of the majority of shares,	Initial; Renewal; Change of Ownership; Change During

pursuant to section 34 of the Health Regulation Ordinance 2016	Licensure Period (Controlling interest)
Name, qualifications and experience of the top executive of the facility and the individual in charge in the absence of the top executive (or in the case of a health care facility that is not operated by a corporate body, the manager with the legitimate authority) via academic credentials and reference letters.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Management Company)
Name, qualifications and experience of top clinical officer – if applicable, via academic credentials and licence as well as licences for all individuals who manage a clinical service at the facility - pursuant to section 37(1) of the Ordinance.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Services, Management Company)
Type of clinical and other related services provided and the number and type of clinical, technical and administrative staff via the facility's business plan or report .	Initial; Renewal; Change of Ownership; Change During Licensure Period (Services, Bed capacity, Management Company)
Proof of Financial Ability to Operate Form to validate solvency pursuant to Regulation 4(4)(d).	Initial; Renewal; Change of Ownership; Change During Licensure Period (Services, Operation Days/hours, Bed capacity, Controlling interest, Management Company)
Copy of an approved inspection of the health care facility by the local fire department, where applicable.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Premises/Location Address, Services, Operation Days/hours, Bed Capacity, Renovation)
Business letter attestation declaring that the facility shall not permit an individual to carry out clinical trials without the prior written consent of the HRA.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Services)
Proof of the most recent accreditation report, where applicable, including full accreditation survey, correspondence from the accrediting organization containing the dates of the survey, any citations to which the accreditation organization required a response, the facility's response to each citation, award letter and the effective date of accreditation.	Initial; Renewal; Change of Ownership

Facility licence denoting the previous owner and licence number for an existing facility, where applicable	Renewal; Change of Ownership
Completed, signed and notarized Change of Ownership Affidavit Form.	Change of Ownership
Copy of the purchase and sale agreement, or other closing documentation signed by the buyer and the seller showing the effective date of the transfer of pending Change of Ownership.	Change of Ownership
Copy of written notification to the Business Licence Department indicating that the applicant is submitting a licence or change request application to the HRA.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Premises/Location Address, Name, Services, Operation Days/hours, Bed capacity, Renovation, Controlling interest, Management Company)
Verifiable documentation, if the applicant is required to register or file a change with the Business Licence Department (BLD), to validate that the information submitted with the licence or change request application to the HRA is the same as the information registered with the BLD.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Premises/Location Address, Name, Services, Operation Days/hours, Bed capacity, Renovation, Controlling interest, Management Company)
Legal entity documents for a management company, where applicable.	Initial; Renewal; Change of Ownership; Change During Licensure Period (Premises/Location Address, Name, Services, Operation Days/hours, Bed capacity, Controlling interest, Management Company)
Management Company Agreement, where applicable	Initial; Renewal; Change of Ownership; Change During Licensure Period (Premises/Location Address, Name, Services, Operation Days/hours, Bed capacity, Controlling interest, Management Company)
Copy of written notification to the Planning Department indicating that the applicant is submitting a licence or change request application to the HRA	Initial, Changes During the Licensure Period (Premises/Location Address, Renovation)
Copy of the legal approval emanating from articles/legal documents filed to effect an amendment that is	Change During Licensure Period (Name, Controlling interest)

contingent on whether the health care facility is an incorporated company or organized as a partnership or sole proprietor, where applicable	
Police report confirming that the licensee has reported a lost or damaged licence to the police.	Replacement

ATTESTATION

I, _____, applicant, attest, under penalty of perjury, as follows:

1. I have not knowingly made a false statement with the intent to mislead the Health Regulation Authority in the performance of its official duty.
2. I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Authority for denying and revoking a licence or renewal, or change of ownership or change during the licensure period application.
3. I have, as a condition of employment and continued employment, conducted background screening on every employee certificate of registration and licence to practice, as issued by the relevant council pursuant to the Health Professions Ordinance 2016, and on that evidence declares that the named individual to manage clinical services at the healthcare facility is a registered practitioner in accord with subsection 37(1) of the Health Regulation Ordinance.
4. I shall not permit an individual to carry out clinical trials without the prior written consent of the Health Regulation Authority

Name & Signature of Licensee or Authorised Representative

Title Date

FORM 2

PROOF OF FINANCIAL ABILITY TO OPERATION FORM

(Regulation 3(5))

Proof of Financial Ability to Operate Form

For Initial and change of ownership applications, complete sections 1 and 2; and all schedules or submit projected (1) balance sheet (2) income statement (3) cash flow statement.

For renewals and changes during the licensure period, complete sections 1 and 2; and submit the following for the last 2 years: 1) balance sheet, 2) Income Statement, 3) Cash flow statement.
Health Care facilities transitioning from the Health Practitioners Ordinance without audited financial statements must follow the instructions as per an initial application.

All figures must be expressed in US Dollars.

Section 1: Licensee Information

Health Care Facility Name	Licence Number (if applicable)	Expiration Date (if applicable)	Business Licence Number
Licensee Name (owner):	NHIP Employer #:	NIB Employer #:	
Website Address (if available):	Telephone:	Email Address:	
Address:	Postal/Mailing Address (if different):		

Section 2: Name of Certified Public Accountant or Akin Professional Holding a Recognised Accountancy Certification (such as ACA, CIMA, ACCA or Equivalent)

Company Name (if applicable):	Email Address:
Location Address:	Postal/Mailing Address (if different):
Telephone #:	Website Address (if available):
Name of Certified Public	Signature/Date:

Accountant/Licence #:	
-----------------------	--

Schedule 1: Estimated Health Care Facility Costs and Source of Funds

Pre-Opening Costs <i>(total funds needed)</i>		Source of Funds <i>(please attach documentation supporting the source of funding listed below:)</i>	
Advertising	\$	Cash on Hand	\$
Equipment Purchases	\$	Owners/Investors	\$
Legal Costs/Consulting	\$	Parent or Affiliated Entities	\$
Beginning Inventory	\$	Funding from Lending Sources	\$
Insurance			
Licence Fee			
Interest Expense			
Accreditation Survey			
<i>Deposits</i>			
Building			
Utility			
Other			
<i>Staffing</i>			
Recruitment <i>(including taxes/statutory contributions and benefits)</i>			
Training			
Other			
Total Pre-Opening Costs			
Purchase Price (for Change of Ownership only)			
Working Capital <i>(Includes Pre-Opening Cost, See Checklist Below)</i>			
Contingency Funding <i>(See Checklist Below)</i>			
Total Working Capital, Contingency Funding, and Purchase Price		Total Source of Funds	

Schedule 2: Balance Sheet

	End of Year []	End of Year []
<u>ASSETS</u>		
Current Assets:		
Cash in hand at bank		
Inventories		
Accounts Receivable		
Notes Receivable		
Prepaid Expenses		
Other:		
<i>(insert description here)</i>		
<i>(insert description here)</i>		
<i>Total for Other</i>		
Total Current Assets:		
Non-Current/Fixed & Other Assets		
Net Land and Buildings		
Equipment		
Less Accumulated Depreciation		
Net Equipment		
Other (including intangible assets):		
<i>(insert description here)</i>		
<i>(insert description here)</i>		
<i>Total for Other</i>		
Total Non-Current/Fixed & Other Assets		
TOTAL ASSETS <i>(Current + Non-Current/Fixed and Other Assets)</i>		
<u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities:		
Accounts Payable		
Notes Payable		
Current Maturities of Long Term Debt		
Other:		
<i>(insert description here)</i>		
<i>(insert description here)</i>		

<i>Total for Other</i>		
Total Current Liability		
Non-Current/Long-Term Liabilities		
Mortgage Payable		
Payable to Affiliates		
Other:		
- (insert description here)		
- (insert description here)		
<i>Total for Other</i>		
Total Non-Current/Long-Term Liabilities		
Total Non-Current/Long-Term and Current Liabilities		
Net Assets		
Common Stock		
Additional Paid In Capital		
Retained Earnings		
Other:		
- (insert description here)		
- (insert description here)		
<i>Total for Other</i>		
Total Net Assets		
TOTAL LIABILITIES AND NET ASSETS		
(i.e., Total Non-Current/Long-Term and Current Liabilities + Net Assets)		

Schedule 3: Income Statement

	12-Months Total for Year []	12-Months Total for Year []
Net Operating Revenue		
Net Revenue		
Expenses		
Administration and Overhead		
Administrative Staff Salaries and Wages		
Administrative Staff Benefits		
Taxes/Statutory Employment Contributions		
Rent		
Utilities		
Licence		
Insurance		
Education and Training		
Professional Fees		
Interest Expense		
Repair and Maintenance		
Bad Debts Expense		
Depreciation and Amortization		
Other		
- (insert description here)		
- (insert description here)		
Total for Other		
Total Administration and Overhead		
Salaries and Wages		
General Personnel (Direct Full Time Employees)		
Healthcare Professionals Personnel (Direct Full time Employees)		

Direct Personnel Benefits		
General Personnel (Contracted)		
Healthcare Professionals (Contracted)		
Locum		
Other		
- (insert description here)		
- (insert description here)		
Total for Other		
Total Salaries and Wages		
Other Operating Expenses		
Housekeeping		
Laundry		
Dietary		
Medical Supplies		
Other Ancillary		
Other		
- (insert description here)		
- (insert description here)		
Total for Other		
Total Other Operating Expenses		
Total Operating Costs		
(i.e., Total Administration & Overhead + Total Salaries & Wages + Total Other Operating Expenses)		
Net Operating Income (Loss) (i.e., Net Revenue – Total Operating Costs)		
Operating Margin (%) (i.e., if Net Revenue is > 0 then Net Operating		

<i>Income (Loss) / Net Revenue</i>		
Non-Operating Revenue (Net) (i.e., generated by activities outside of facility's primary operations)		
Income or (Loss) (i.e., Net Operating Income (Loss) + Non-Operating Revenue (Net))		

Schedule 4: Projected Cash Flow Statement

	12-Months Total for Year []	12-Months Total for Year []
Net Operating Income		
Add items that decrease income but do not decrease cash:		
Depreciation/Amortization		
Increase in Accounts Payable		
Decrease in Accounts Receivable		
Other		
- (insert description here)		
- (insert description here)		
Total for Other		
Total Additions		
Deduct items that increase income but do not increase cash:		
Increase in Accounts Receivable		
Decrease in Accounts Payable		
Other		
(insert description here)		
(insert description here)		
Total for Other		

Total Deductions		
Cash Flows from Operations		
<i>(i.e., Net Operating Income + Total Additions – Total Deductions)</i>		
Other Uses of Cash		
Pre-Opening Costs		
Purchase of Equipment		
Change in Inventory		
Repayment of Principle on Loan		
Other Non-Operating Uses		
- <i>(insert description here)</i>		
- <i>(insert description here)</i>		
<i>Total for Other</i>		
Total Other Uses of Cash		
Total Cash Needs		
<i>(i.e., Total Other Uses of Cash – Cash Flows from Operations)</i>		
Cumulative Cash Needs		
<i>(i.e., Last Month's Cumulative Cash Needs Total + Current Month's Total Cash Needs)</i>		
Beginning Cash on Hand		
<i>(i.e., Ending Cash Available at End of Last Month)</i>		
Other Sources of Cash		
Cash from Non-Related Loans		
Cash from Owners/Investors		
Cash from Parent		

or Affiliated Entities		
Other Non-Operating Sources		
- (insert description here)		
- (insert description here)		
Total for Other		
Total Other Sources of Cash		
Cash Available at End of Month		
(i.e., Total Other Sources of Cash + Beginning Cash on Hand – Total Cash Needs)		

Applicant Checklist

- ☐ *Working Capital* - is the amount needed to pay operating cost until a positive cash flow is reached. Working Capital should equal the Total Cumulative Cash Need from **Schedule 4: Projected Cash Flow Statement** (below). Since the below **Schedule 3: Projected Summary of Revenues and Expenses** includes *Pre-Opening Costs*, similarly, the *Total Cumulative Cash Need* from **Schedule 4: Projected Cash Flow Statement** (below) will also include *Pre-Opening Costs*.
- ☐ *Contingency Funding* - should equal one month's average operating expense from the year and represents funding available for extraordinary occurrences that are not anticipated in the financial projections. *Contingency Funding* should equal the below **Schedule 3: Projected Summary of Revenues and Expenses (Income Statement)** first year's *Total Operating Costs* divided by 12.
- ☐ *Proof of Funding* - Has the applicant provided proof of funding as described in the instructions? If so, does the proof of funding equal or exceed the value of the above *Total Working Capital*, *Contingency Funding*, and *Purchase Price* line as outlined above in **Schedule: 1 Estimated Health Care Facility Costs and Source of Funds**?
- ☐ Does the *Cash*, *Inventory*, *Accounts Receivable*, and *Accounts Payable* balance reconcile with the **Schedule 4: Projected Cash Flow Statement**?
- ☐ Does *Depreciation* and *Retained Earnings* reconcile with the Income Statement (**Schedule 3: Projected Summary of Revenues and Expenses**)?
- ☐ Did the applicant attach notes with the assumptions used for collecting Receivables and paying Payables?

FORM 3

HEALTH CARE FACILITY LICENCE

(Regulation 5(2))

Licence Number:
Certificate Number:

HEALTH REGULATION AUTHORITY
TURKS AND CAICOS ISLANDS

HEALTH CARE FACILITY LICENCE

[Type of Health Care Facility]

This is to certify that
having complied with the Health Regulation Ordinance, Regulations and minimum standards
[LICENSEE NAME] is hereby licenced to operate the following:

[HEALTH CARE FACILITY NAME]

[ADDRESS]

Effective date:
Expiration date:

Chairperson, Health Regulation Authority Board

FORM 4

AFFIDAVIT FOR CHANGE OF OWNERSHIP

(Regulation 8(2))

Transfer Date	Date of Official Health Regulation Authority Recognition (HRA Use Only)

All operational functions of _____
Health Care Facility Name (as shown on existing license) Licence Number. (on existing license)

☐ were transferred on: _____ ☐ will transfer on: _____

From (Outgoing Owner):

Name of Outgoing Owner (as it appears on existing license)		
Name – Authorized Representative (Print or Type)	Signature – Authorized Representative	Date

To (Incoming Owner):

Name of Incoming Owner (as it appears on the Health Regulation Authority Licensure Application Form)		
Facility Name (as it appears on the Health Regulation Authority Health Care Facility Licence)		
Name – Authorized Representative (Print or Type)	Signature – Authorized Representative	Date

Affirmation – Outgoing Owner

Before me, the undersigned authority, _____, on this day personally appeared, known to me to be the person(s) whose name(s) is(are) subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct.

Subscribed and sworn before me, _____, a notary public on the _____ day of _____, 20 _____.

[Notary Seal]

Notary Public

Affirmation – Incoming Owner

Before me, the undersigned authority, _____, on this day personally appeared, known to me to be the person(s) whose name(s) is(are) subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct.

Subscribed and sworn before me, _____, a notary public on the _____ day of _____, 20 _____.

[Notary Seal]

Notary Public

FORM 5

NOTICE OF VOLUNTARY DISCONTINUATION OF OPERATIONS OF HEALTH CARE FACILITY

(Regulation 11(1))

Notice of Voluntary Discontinuation of Health Care Facility Operations

Licensee Information

Health Care Facility Name:	Licence #/Exp. Date (if applicable):	Business Licence #:
Licensee Name (owner):	NHIP Employer #:	NIB Employer #:
Location Address:	Postal/Mailing Address (if different):	
Website Address (if available):	Telephone #:	Email Address:

Notice Particulars

1. On, 20, the above named health care facility will discontinue operations.
2. The effective date the employees will be severed is:, 20
3. Discontinuance of Operations is the result of a Change of Ownership? **Yes** ☐ **No** ☐
If "yes", submit a HRA completed, signed and notarized Change of Ownership Affidavit Form.
4. All locations for each facility located on separate premises are being closed? **Yes** ☐ **No** ☐
If "no", the undersigned declares closure will be on or before the above stated discontinuance date.

Name & Signature of Licensee
or Authorized Representative

Title

Date

FORM 6
IMPROVEMENT NOTICE

(Regulation 60)

To: [Name of Health Care Facility]	Licence Number:	Business Licence #:
Location Address:	Postal/Mailing Address (if different):	
Telephone #:	Email Address:	

Premises Inspection Findings of Unsatisfactory Condition(s)

Period of Time Granted for Remedial Outcomes

[Name of Health Care Facility] is hereby granted _____ days starting [date] and ending [date] to remedy the hereinabove stated unsatisfactory condition(s) of the premises.

Please note that failing to comply will result in the reporting of the noncompliance to the Health Regulations Authority's (HRA) Chief Executive Officer.

HRA Inspector's Name & Signature: _____ Date of Inspection: _____

Name & Signature of Licensee or Authorized Representative

Title

Date

Non-Compliance Report to Chief Executive Officer

HRA Inspector's Name & Signature: _____ Date: _____

Notice of Agreement

Pursuant to the receipt and contents of the hereinabove Non-Compliance Report, be advised that the undersigned agrees with the report and the supplied reasons and, therefore, advises [*Name of Health Care Facility*] of the need to remedy the reported unsatisfactory condition(s) of the premises within a period of _____ days starting [*date*] and ending [*date*].

Please note that failing to comply may result in the execution of the revocation of your licence to operate a health care facility, pursuant to section 35(1)(a) of the Health Regulations Ordinance 2016.

HRA Chief Executive Officer's Name & Signature: _____ Date: _____

FORM 7
PROHIBITION NOTICE

(Regulation 61)

To: [Name of Health Care Facility]	Licence Number:	Business Licence #:
Location Address:	Postal/Mailing Address (if different):	
Telephone #:	Email Address:	

Report of Findings of Illegal Service and/or Activity Posing a Risk or Serious Injury or Harm

HRA Inspector's Name & Signature: _____ Date of Inspection: _____

Name & Signature of Licensee or Authorized Representative Title Date

Stipulation of Matters Causing Risk

Pursuant to the receipt and contents of the hereinabove stated findings of the Inspector, be advised that the undersigned agrees with the assumption of the perceived risk(s) for the following reasons:

Cessation of Activities/Services Time Granted for Remedial Outcomes

In view of the abovementioned underlined matters engendering the risk(s), in question, be further advised that [*Name of Health Care Facility*] is hereby prohibited and directed to cease the following activities/services until each of the said matters specified above (in the section captioned "*Stipulation of Matters Causing Risk*") has been remedied.

The foregoing prohibition is to take effect: ☐ Immediately ☐ At the end of the business day _____ [Date] _____.

Please note that failing to comply may result in the execution of the revocation of your licence to operate a health care facility, pursuant to section 35(1)(a) of the Health Regulations Ordinance 2016.

HRA Chief Executive Officer's Name & Signature: _____ Date: _____

SCHEDULE 2

FEES

(Regulations 3(2), 7(2), 8(5), 10(2)(b) and 62)

	Initial Licence (\$)	Renewal Licence (\$)	Change of Ownership (\$)
Healthcare Facilities with Sole Practitioners	900	450	450
Healthcare Facilities with up to 5 Practitioners	1400	700	700
Healthcare Facilities with more than 5 Practitioners	2000	1000	1000

Additional Healthcare Facilities with the same Owner

Special provision has been made for persons with more than one healthcare facility. If a new healthcare facility is established after the initially licensed healthcare facility the fee schedule for any subsequent healthcare facility for the owner are as follows:

	Initial Licence (\$)	Renewal Licence (\$)	Change of Ownership (\$)
Additional Healthcare Facilities (Sole practitioner, up to 5 and over 5 practitioners	700	350	350

Other Fees

	Fee (\$)
Non-refundable application fee	150
Change during licensure period <i>(for facility changes that requires the issuance of an amended licence)</i>	50
Administrative fee ⁺⁺	50
Replacement fee <i>(for lost or damaged licence)</i>	50
Change of Premises/Location Address; Name; Services; Operation Days/Hours; Bed Capacity	50
Renovation Changes Fee (for inspection and licensure processing)	50
Issuance of a Letter of Good Standing and Other Documents Fee	50

⁺⁺ This fee is only levied when it is applicable and the reasoning will be provided. An example of where this applies is: additional services provided in relation to your application e.g. (over 2 follow-up inspections)

MADE this 4th day of October 2023.



ERWIN JAY SAUNDERS
AUTHORISED MINISTER RESPONSIBLE FOR HEALTH

EXPLANATORY NOTE

(This Note is not Part of the Regulations)

These Regulations are made under the Health Regulation Ordinance and provide for—

- (a) further licensing requirements and fees for health care facilities;
- (b) provides for the scope of operation of health care facilities and the conduct of facilities;
- (c) human resource requirements of health care facilities;
- (d) guidelines for the issuance of standards for the health care's facilities;
- (e) insurance required by health care facilities; and
- (f) forms and fees required under the Ordinance.