



Multiple Location Psychiatric Hospital License Renewal Application

(for Hospitals Licensed Under A Single License Number)

Name of Main Hospital: _____

Name of Multiple Location Hospital: _____

Hospital License Number: _____ Status: Profit Non-Profit

Hospital within a Hospital: Yes No

1. HOSPITAL SERVICES:

PRIVATE PSYCHIATRIC - The term "private psychiatric" means an establishment offering inpatient services, including treatment facilities, and beds for use beyond 24 hours, for the primary purpose of providing psychiatric assessment and diagnostic services and psychiatric inpatient care and treatment for mental illness. Such services must be more intensive than room, board, personal services, and general medical and nursing care. Although substance abuse services may be offered, a majority of beds must be dedicated to the treatment of mental illness in adults and/or children. Services other than those of an inpatient nature are not licensed or regulated by the department and are considered only to the extent that they affect the stated resources for the inpatient components.

Services: *(Please check all services offered)*

- Psychiatric
- Chemical Dependency
- Laboratory Services *(Onsite or Contracted)*
- Emergency Treatment Room *(Required)*

2. LICENSED BEDS:

How many total licensed beds are at this hospital location? _____ *(total bed design capacity of this hospital only)*

** A change in the bed design capacity requires prior Department approval and possible fees.*

How many emergency treatment room beds are at this hospital location? _____

** This count is not included in the licensed bed count above and will not affect fees. A minimum of one bed is required.*

3. EQUIPMENT AND FACILITIES:

- Attach a description of any major medical equipment and facilities used by the hospital.
- Attach a plan (campus map) of the premises that describes the buildings and grounds and the manner in which the various parts of the premises are intended to be used. The plan should also include the names of the buildings, the licenses held by each building, and the number of beds in each building.

4. MEDICAL AND PROFESSIONAL STAFF:

Provide the name of the physician in charge of the care and treatment of the patients.

Name of Physician (*please print*) Title

License Number Expiration Date

Provide the numbers of all professional staff below. On a separate sheet include an explanation of the duties and qualifications of the professional staff.

- | | |
|---------------------------------|-------------------------------|
| _____ Licensed Counselor | _____ MD |
| _____ Registered Nurse | _____ Recreational Therapist |
| _____ Master Social Worker | _____ Occupational Therapist |
| _____ Licensed Vocational Nurse | _____ Activity Therapist |
| _____ PhD | _____ Psychiatric Technicians |
| _____ Other: _____ | |

5. ACCREDITATION:

If accredited by The Joint Commission (JC), American Osteopathic Association (AOA), DNV GL, or the Center for Improvement in Healthcare Quality (CIHQ), a letter from the accreditation organization stating that the separate location has been included in the accreditation is required.

6. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 134, Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents.

Chief Executive Officer Date Signed

Printed Name of CEO Title

Telephone Number Email Address

7. HOSPITAL ADMINISTRATOR:

Onsite Administrator in charge of day-to-day operations Title

Telephone Number Email Address

Mailing address for applications with fees: Department of State Health Services, Facility Licensing Group, Mail Code 2003, PO Box 149347, Austin, TX 78714-9347

Overnight mailing address for applications with fees: Department of State Health Services, Facility Licensing Group, Mail Code 2003, 1100 West 49th Street, Austin, TX 78756