



Licensure Bureau – Quality Assurance Divisions  
PO Box 202953, Helena, MT 59620-2953  
Fax: 406-444-1742

**HOSPITAL LICENSE APPLICATION**

This application is not for a specialty hospital that is primarily or exclusively engaged in the care and treatment of patients with cardiac conditions, patients with an orthopedic condition, or patients receiving a surgical procedure as defined as MCA 50-5-245.

TOTAL NUMBER OF FACILITY BEDS: \_\_\_\_\_

Please check any other elective services to be provided under this hospital licensure:

- Surgical
- Obstetrics / Newborn Nursery
- Physical Therapy
- Emergency Room
- Psychiatric
- Occupational Therapy
- Respiratory Therapy
- Pediatric

Other (list): \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Operating Organization:

- State
- Individual
- Church
- Association
- County
- Partnership
- Corporations

Floor Plan:

- New Construction
- Existing Structure
- Addition
- Remodeled

Owner of Building and Grounds: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If a partnership, firm or association, list every member. If a corporation, list the name and address and the names of its officers. Please attach additional sheets as needed.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Attach a list of ALL Licensed or Registered Personnel with their Montana State License or Registration numbers.

Total Number of Employees including administrative and nursing personnel: \_\_\_\_\_

**The applicant and managing personnel have never been convicted of a felony. Section 50-5-207 (c)**

**50-5-207 MCA.** Denial, suspension, or revocation of health care facility license -- provisional license. (c) The applicant or any person managing it has been convicted of a felony and denial of a license on that basis is consistent with **37-1-203** or the applicant otherwise shows evidence of character traits inimical to the health and safety of patients or residents.

**The applicant and managing personnel have never been denied a license. (Section 50-5-207 (e) including stipulations of Section 37-1-203).**

**37-1-203 MCA.** Conviction not a sole basis for denial. Criminal convictions shall not operate as an automatic bar to being licensed to enter any occupation in the state of Montana. No licensing authority shall refuse to license a person solely on the basis of a previous criminal conviction; provided, however, where a license applicant has been convicted of a criminal offense and such criminal offense relates to the public health, welfare, and safety as it applies to the occupation for which the license is sought, the licensing agency may, after investigation, find that the applicant so convicted has not been sufficiently rehabilitated as to warrant the public trust and deny the issuance of a license.

Application/or license/or a Hospital is hereby submitted under the provision o/Section 50-5-101 through 50-5-211. (See attached)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Enclose a check, money order or draft made payable to the Department of Public Health & Human Services to cover the license fee. This fee will be deposited in the State Treasury and is non-refundable. The fee is determined as follows:  
(a) facilities with 20 or less = \$20.00  
(b) facilities with 21 beds or more = \$1.00 per bed.