**Section 518.1150 Initial Licensure Application**

a) Any person acting individually, or jointly with other persons, who proposes to build, own, establish or operate a freestanding emergency center shall submit application information in writing on forms provided by the Department.

b) An application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act.

c) Each application shall be accompanied by a non-refundable license application fee of $2000.

d) The application shall contain the following information:

1) The name, address and telephone number of the applicant if the applicant is an individual; if the applicant is a firm, partnership or association, the name, address and telephone number of every member of the firm, partnership or association; if the applicant is a unit of local government, the name, address and telephone number of its chief executive officer.

2) If the applicant is a corporation, it shall submit:

A) A list of the title, name and address of each of its corporation officers; and

B) A list of the name and address of each of its shareholders holding more than 7.5% of the shares.

3) The name of the person or persons under whose management or supervision the facility will be conducted.

4) The location of the facility, including the facility name, telephone number, exact address, and proof that the freestanding emergency center is not a part of a Resource or Associate Hospital's physical plant.

5) Information regarding any conviction of the applicant, or, if the applicant is a firm, partnership or association, of any if its members, or, if the applicant is a corporation, of any of its officers or directors, or of the person designated to manage or supervise the facility, of a felony or of two or more misdemeanors involving moral turpitude in the last five years.

6) Proof of ownership or control by an Associate or Resource Hospital.

7) The number of procedure rooms and observation/treatment rooms.

8) A statement assuring compliance *with all State and federal patient rights provisions, including, but not limited to, the Emergency Medical Treatment Act* *and the federal Emergency Medical Treatment and Active Labor Act* (Section 32.5(a)(8) of the Act).

9) The name, address, telephone number, education, experience, credentials and any professional licensure or certification of the following persons:

A) Administrator;

B) Medical Director; and

C) Nurse Manager.

10) A list of the medical staff, including name and license number.

11) A list of all staff personnel, including name, position and any professional licensure or certification.

12) A detailed description of the services to be provided by the facility.

13) Schematic architectural plans.

e) Each application shall document that at least one board certified emergency physician is present at the FEC 24 hours per day.

f) The Department will review the application form and other information required by this Section to determine whether the application meets the requirements of this Section prior to reviewing building plans and specifications and conducting a survey of the physical plant.

g) The Department will issue a license if, after application and survey, it finds the applicant meets the requirements of the Act and this Part.

h) The FEC license shall be prominently displayed in an area accessible to the public.

i) Ownership Change or Discontinuation

1) The license is not transferable. The license is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold or leased; when operation is discontinued; when operation is moved to a new location; when the licensee (if an individual) dies; when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to exist.

2) A license issued to a corporation shall be null, void and of no further effect upon the dissolution of the corporation. If the corporation is subsequently reinstated, a new license shall be obtained.

3) Before any change of ownership, dissolution or closure, the facility shall follow the notification and process requirements of the Health Facilities Planning Board.

j) Each FEC shall notify the Department, in writing, of any changes in:

1) Facility name;

2) Business telephone contact information; and

3) Administrator and/or Nurse Manager.

k) Any freestanding emergency center may voluntarily relinquish its license prior to the expiration date by notifying the Department in writing. The notification shall include the anticipated date of termination, which shall not be less than 30 days nor more than 90 days from the date of notification. The notification shall describe the procedures taken by the freestanding emergency center to advise pre-hospital providers, hospitals and the EMS Medical Director.

(Source: Amended at 33 Ill. Reg. 8317, effective June 4, 2009)