

Certificate of Registration Renewal



To renew the facility's certificate of registration the facility must complete a [Renewal of Application For Registration To Operate An Out Of State Mobile Health Care Entity SF 55086](#) (8-12) application. Refer to instructions below on how to complete the application.

A courtesy letter along with the renewal application is sent to the facility 90 days prior to the expiration date of the certificate of registration. The facility may access and complete the renewal application [online](#) and submit it to IDOH.

1. Complete the renewal application in its entirety including the following:
 - Section I – Identifying Information
 - Section A. Out of State Mobile Health Entity Parent Location
 - Complete facility's name
 - Complete address (street, city, state, zip code)
 - Telephone Number
 - Fax number
 - Certificate of Registration number
 - E-mail address specific to facility
 - Web address, if applicable
 - Section B. Mailing Address
 - Complete mailing address, if applicable
 - Section II – Staffing
 - Name of mobile medical unit manager
 - Section III – Ownership Information
 - Section A. Legal Entity
 - Complete entity's legal name
 - Complete address (street, city, state, zip code)
 - Telephone number
 - Fax number
 - Legal entity's EIN Number
 - Fiscal year end date (month/day)
 - Section B. Officers/Directors Ownership
 - If there are no changes, check the NO box
 - If there are changes, check the YES box. Complete changes in this section of the application
 - If you check YES and a stock transfer occurred at the facility submit the following:
 - A letter to include narrative of stock transfer
 - A before/after organizational charts
 - The stock transfer agreement with dates/signatures of buyer/seller of stock purchase.

- If this is a change in ownership the new legal entity will be required to complete a change of ownership application.
 - Section C. – Directors/Officers
 - If there are no changes, check the NO box.
 - If there are changes, check the YES box. Complete changes in this section of the application.
 - Section IV – Certification of Application
 - The appropriate staff must sign and date the application.
 - The application must be signed and dated by the owner/president and by the mobile medical unit manager. The names must be on record with IDOH.
2. If the facility adding or changing their “doing business as” name the facility must submit the following:
- A letter on facility’s letterhead to include the following information.
 - The facility’s certificate number (the number is located on the facility certificate of registration).
 - The previous name of the facility
 - The new name of the facility
 - The effective date of name change
 - The signature of manager or owner on the letter (the name must be on record with IDOH).
 - An applicable document from the Indiana Secretary of State
 - If the “doing business as” name is different from legal entity name (i.e. corporation), submit a “Certificate of Assumed Business Name” document.
 - Submit the actual document from the Secretary of State to IDOH not the request to register the “doing business as” name with the Secretary of State.
3. If there are changes that occurred at your facility make sure all changes are made on the renewal application. Include all applicable information with the application. The application must be submitted prior to the expiration date of the certificate of registration. The application must be approved prior to issuance of certificate of registration.
4. Submit renewal application to:

Bobbie Nelson, Program Director
 Division of Home and Community Based Care
 2 N. Meridian St., Section 4A 07
 Indianapolis, Indiana 46204

Once the documents are submitted and approved, IDOH will update our database to reflect the changes and send a confirmation certificate letter and certificate of registration to the facility.

The renewal application will be process with the legal owners on record with IDOH. If a change of ownership has occurred the new owners must request a change of ownership application by faxing a



request in writing to 317-233-7157. Fax this request to the attention of Connie Wright and be sure to include the name and complete address that you would like the application mailed.

If the facility chooses not to renew their certificate of registration, please send a letter to IDOH closing the facility. Include the facility's name, complete address and certificate of registration number in the letter. IDOH will close the facility and send a confirmation letter to the facility.

