



**APPLICATION FORM FOR A HEALTH CARE
INSTITUTION AND MEDICAL EQUIPMENT PERMIT
(P.B. 2007, no.19)**

1. General data

- a. Name legal entity:_____
- b. Contact person:_____
- c. Type health care institution:_____
- d. Address:_____
- e. Telephone number:_____
- f. Fax number:_____
- g. E-mail:_____

2. Elucidate and motivate your application (a connection should be made with the relevant guidelines with regards to the need for health care institutions and/ or medical equipment and how this can be realized)

3. **Type, dimension and investment cost of the building facility and/ or medical equipment** (in the event that the health care institution and/or medical equipment will result in an increase in tariffs, include a description of the care products and proposed tariffs)

4. **Proposed patient capacity and staffing** (indicate the maximum amount of patients that can be treated per year and the manner in which this can be achieved)

5. The required documents are:

- Articles of incorporation
- Annual financial statements, approved by a Certified Public Accountant (CPA) or a Registered Accountant (RA), if the application pertains to an already existing health care institution
- Operating budget
- Copy of payment for processing fee

Full name of signee:

Signature:

Date (dd/mm/yyyy):
