



Ohio Respiratory Care Board

HME Division

77 South High Street, 16th Floor * Columbus, Ohio 43215-6108 * (614)644-4732 * Fax (614)728-8691

HME FACILITY CHANGE OF INFORMATION REPLACEMENT REQUEST

AUTHORIZED AGENT FACILITY NAME REPLACEMENT

Pursuant to rule 4761:1-15-03 of the Ohio Administrative Code, HME licenses and certificates of registration are not transferable to another facility location or new facility. If you have moved or are changing facility address, you must apply for and receive a new HME license or certificate of completion for the facility.¹

Type or print information.

A. Previous Information		
Full Name of Facility	Phone Number	
Address	Fax Number	
City, State, Zip		
HME License or Registration Number		
Facility Authorized Representative	Facility Manager	
B. New Information		
Full Name of Facility	Phone Number	
Facility Authorized Representative	Facility Manager	
C. Authorized Signature		
Person making change	Signature	Date
Authorized Facility Agent	Signature	Date
D. Effective Date of Change		
Effective Date of Change		

1. If you are requesting a replacement card and/or certificate in addition to your facility name or agent change, please complete all sections and check appropriate box (es) below
2. If you are requesting only copies of your Card and/or Certificate, please complete Sections A and D and check appropriate box (s) below
3. Make check or money order payable to **Treasurer, State of Ohio**

Per Rule 4761:1-8-04 OAC, the following fees apply:

- \$10.00 Card Replacement
 \$10.00 Certificate copy

Check #	Amount	Received Date
RCO		

¹ OAC 4761:1-15-03 states:

(A) Licenses and certificate of registration are valid only for the facility location listed in the application and are not transferable to another facility location or new facility. Any holder of a license or certificate of registration that transfers HME operations to another facility location or a new facility shall apply for a separate license or certificate of registration. The board shall cancel the license or certificate of registration of any facility upon the written notification by the facility's authorized representative that the facility of record is no longer engaged in the conduct of HME services.

(B) If the facility for which a person holding a license or certificate of registration changes ownership, the new owner shall immediately notify the board in writing of the change. The new owner shall provide the date of ownership change, the name and title of the authorized representative and facility manager and the name of the facility, if either is different from information on record with the board. The board shall notify the appropriate accrediting organization for facilities holding a certificate of registration. If the facility name changes, the authorized representative shall request an updated license or certificate of registration identification card and certificate and shall pay the fee required by the board. The new owner shall be scheduled for an inspection that will be conducted within sixty days of the date of notification to the board of the change in facility ownership.