



AHCA USE ONLY:

File #: _____
 Application #: _____
 Check #: _____
 Check Amt: _____
 Batch #: _____

Health Care Registration Abortion Referral or Counseling Agency

Renewal registrations must be received at least 60 days prior to the expiration of the current registration to avoid a late fee. If the renewal registration is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The registrant will receive notice of the amount of the late fee as part of the registration process or by separate notice. *The registration will not be accepted if all the required documents and fees are not included with your registration or received within 21 days of an omission notice.* Registrations will not be accepted until payment has been received. Renewal registrations: Supporting documentation, responses to omissions and payments may be submitted using the online system even if the registration was originally mailed to the Agency.

Under the authority of Chapter 390 Florida Statutes (F.S.), and Chapter 59A-9, Florida Administrative Code (F.A.C.), registration is hereby made as an abortion referral or counseling agency as indicated below:

1. Registrant Information

A. REGISTRANT INFORMATION – Please complete the following for the abortion referral or counseling agency name and location. Provider name, address and telephone number will be listed on http://www.floridahealthfinder.gov/ . The Registrant may utilize a post office box in lieu of the physical address of the Registrant at the discretion of the Registrant.			
Name of Abortion Referral Or Counseling Agency (fictitious name, if applicable)			Registration # (for renewal registrations)
Street Address (or post office box)			
City	County	State	Zip
Telephone Number		Fax Number	
Mailing Address or <input type="checkbox"/> Same as above (All mail will be sent to this address)			
City	County	State	Zip
Telephone Number		E-mail Address	
Provider Website		<i>NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.</i>	

B. CONTACT PERSON - For this registration	
Contact Person for this registration	Contact Telephone Number
Contact e-mail address or <input type="checkbox"/> Do not have e-mail	

2. Registration Type and Fees

Indicate the type of Registration with an "X." Registrations will not be processed if all applicable fees are not included. Pursuant to subsection 408.805(4), Florida Statutes, fees are nonrefundable. Renewal registrations must be received 60 days prior to the expiration of the registration to avoid a late fee. If the renewal registration is received by the Agency less than 60 days prior to the

expiration date, it is subject to a late fee as set forth in statute. The registrant will receive notice of the amount of the late fee as part of the Registration process or by separate notice.

A. TYPE OF REGISTRATION

Initial registration

Was this entity previously registered as an abortion referral or counseling agency? YES NO

If yes, please provide the name of the agency (if different), the EIN # and the year the prior registration expired or closed:

NAME:	EIN #	Year Expired/Closed:
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Renewal registration

Change during registration period

Proposed Effective Date:

Name change

Address change

B. REGISTRATION FEES

ACTION	FEE	TOTAL FEES
Registration Fee (Initial, Renewal)	\$200.00	\$
Change During Registration Period	\$25.00	\$
Other: _____		\$
TOTAL FEES INCLUDED WITH REGISTRATION		\$
Please make check or money order payable to the Agency for Health Care Administration (AHCA)		

3. Attestation

I, _____, attest as follows:

Pursuant to section 837.06, Florida Statutes, I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.

Signature of Registrant or Authorized Representative

Title

Date

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
HOSPITAL AND OUTPATIENT SERVICES UNIT
2727 MAHAN DR., MS 31
TALLAHASSEE, FL 32308-5407

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Please place checks or money orders on top of the Registration
- Include registration number or case number on your check
- Do not submit carbon copies of documents
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency