ALABAMA BOARD OF HOME MEDICAL EQUIPMENT
2777 Zelda Road
Montgomery, AL 36106
Phone: 334-215-3474
FAX: 334-215-3457
Web Site: www.homemed.alabama.gov
Email: hope@alstateboard.com

APPLICATION FOR OUT OF STATE DESIGNATION (OUT OF STATE BRANCH OR LOCATION PROVIDING SERVICES ON BEHALF OF THE LICENSED LOCATION)

Note: This application is to be submitted by a currently Licensed Home Medical Equipment Provider in the State of Alabama who wishes to designate an out of state location. Specifically, this designation is only for out of state locations applying to operate under an instate licensed location as provided for in the below Rule:

473-X-3-02 – A provider of home medical equipment that has a principal place of business outside this state and has established a licensed, instate location may provide home medical equipment and services to its Alabama customers through any corporate branch or location, including an out of state location that is not otherwise eligible for an exemption from licensure pursuant to ALA. Code § 34-14C-5, as permitted under the CMS DMEPOS Supplier Standards and applicable regulations. For purposes of this rule, a corporate branch or location does not include a corporate subsidiary or affiliate that would itself require a license from this Board; the branch or location should be a provider of home medical equipment services that is duly licensed in accordance with applicable law in the state in which it is located. The ownership of the provider's licensed instate location, as defined in Rule 473-X-3-.01(7) (h), will be responsible to the Board for any equipment or services provided to the customer by any other corporate branch or location.

General Statement: The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application. Make all checks payable to the Alabama Board of Home Medical Equipment and mail to 2777 Zelda Road; Montgomery, AL 36106.

Application Instructions: Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a particular question or request for information does not apply to you, put a short line or "N/A" in the blank space or cross out the entire section to indicate the question(s) or section has received your attention. Failure to supply necessary information may result in denial of the application. If the answer to any of the attached questions is "Yes", you must enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "Yes" answer does not necessarily mean the applicant will not be granted a license. However, additional documentation may be requested by the Board if the information submitted is insufficient.

Section 1 - Licensed Location Information

Legal Business Name: _____

Alabama Home Medical Equipment License Number: _____

Effective Date:___/____/_____ Renewal Date:____/____/_____

Physical Location: _____

_____

_____

Phone:_____FAX: _____

E-mail: _____

Web Site: _____

Person in Charge: _____

FEIN# or SSN: _____

Section 2 - Out of State Location Information

Legal Business Name: _____
(D.B.A., Trade, or Business Name)
Street Address: _____

City, State, Zip Code: _____

Phone: (_____)_____FAX: (____)_____

E-mail Address: _____

Preferred Mailing Address (for mailing purposes only):

_____

City, State, Zip Code: _____

FEIN# or SSN:_____Date Business Started:___/__/_____

Type of Business

□ Sole Proprietor □ Partnership □ Joint Venture
□ Business Corporation □ Limited Liability Corporation
□ Other: _____

Equipment Categories

- ⎦ General HME (canes, crutches, walkers, commodes, etc.)
- ⎦ Oxygen & Respiratory
- ⎦ Hospital Beds & Accessories
- ⎦ Wheelchair, Mobility Equipment & Accessories
- ⎦ Stair Lifts or Platform Lifts
- ⎦ Other: _____

Professional Licenses (i.e.: Registered Nurse, Pharmacist, etc.)

IMPORTANT NOTE:

This section must be completed by the person in charge.

Type License	License # & State	Expiration Date

Have any licenses ever been denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way? □ Yes □ No

If "Yes", explain. (Use additional sheets for complete detailed explanation if needed):

_____

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Section 3 - Applicant Information Applicant means an individual applicant in the case of sole proprietorship, or any officer, director, agent, managing employee, general manager, or person in charge, or any partner or shareholder having an ownership interest in the corporation, partnership, or other business entity. For each entity/person with any ownership interest in applicant, copy this page and complete in its entirety for each individual.

Legal Business Name: _____

D/B/A name: _____

Your Name:_____ Title: _____

☐ check this box if this individual is to be designated as the Person in Charge on the license

Home Address: _____

City, State, Zip Code: _____

Home Phone #: (_____)_____ SSN: _____

Date of Birth: ____/____/_____ Birth State:_____ Birth County: _____

Parent/Home Office Information (If applicable)

Name:_____

CEO: _____

Address:_____

City, State, Zip Code: _____

Phone #:_____ FAX #: _____

E-Mail:_____ FEIN#: _____

Your Affiliation:
- ☐ Joint Venture/Partnership
- ☐ Managed
- ☐ Operated
- ☐ Other: _____
- ☐ Wholly Owned
- ☐ Subsidiary
- ☐ Leased

Check if this entity/owner has EVER had any of the following adverse actions imposed by the Medicare, Medicaid, or any other federal agency program. For each box checked, include the date the adverse legal action was imposed. Check all that apply or the "none of these" box. Attach copies of adverse legal action notification.

- ☐ **Administrative Sanctions(s)___/___/_____**
- ☐ **Criminal Fines____/___/_____**
- ☐ **Program Exclusion(s)___/___/_____**
- ☐ **Restitution Order(s)___/___/_____**
- ☐ **Suspension of Payment(s)___/___/_____**
- ☐ **Pending Civil Judgments(s)___/___/_____**
- ☐ **Civil Monetary Penalty(s)___/___/_____**
- ☐ **Pending Criminal Judgments(s)___/___/___**
- ☐ **Assessment(s)___/___/_____**
- ☐ **Judgments(s) Pending False Claims Act____/___/_____**
- ☐ **None of These**

Does this entity/owner have any outstanding criminal fines? ☐ Yes ☐ No Does this entity/owner have any outstanding restitution orders? ☐ Yes ☐ No Has this entity/owner ever been convicted of any health care related crimes?

☐ **Yes ☐ No**

Has this entity/owner ever been convicted of a felony under Federal or State law?

☐ **Yes ☐ No**

Are you a citizen of the United States? ☐ Yes ☐ No

Are you a Military Spouse? ☐ Yes ☐ No

Section 4 - Statement to the Board (This section must also be copied and completed for each individual involved in this company).

Administrative Code of Alabama CHAPTER 473-X-1-(1) Applicant means an individual applicant in the case of a sole proprietorship, or any officer, director, agent, managing employee, general manager, or person in charge, or any partner or shareholder having an ownership interest in the corporation, partnership, or other business entity.

I,_____ being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for designation in the State of Alabama.

To the best of my knowledge, the information contained in this application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for designation.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a designation or otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for the inspection by the public, except with regard to the release of information which is classified as controller, private, or protected under the Government Records Access and Management Act or restricted by other law.

Has the applicant ever been convicted of any health, related crime?
⎦ Yes □ No
Has the applicant ever been convicted of a felony under Federal or State Law?
⎦ Yes □ No
Has any family or household member of the applicant ever been convicted, assessed, or excluded from the Medicare or Medicaid program due to fraud, obstruction or an investigation, filing of false claims, or providing false information? □ Yes □ No

I,_____ being duly sworn, depose and say I certify that I have read, understand, meet, and will continue to meet all supplier standards outlined in 42CFRG424.57 and comply with the Rules and Regulations of the Alabama Board of Home Medical Equipment and have truthfully and completely disclosed all ownership and control of the applicant, and that all information submitted on/or with this application is true and complete.

I understand that my current in-state Alabama Home Medical Equipment License is responsible to the Board for any equipment or services provided to the customer by any other corporate branch or location. I understand that my-out-of state designation is required to meet all supplier standards outlined in 42CFRG424.57 and comply with the Rules and Regulations. I understand that my out-of-state designation must be renewed annually with the renewal of my in-state licensed location.

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board, records or information required for the Board to properly evaluate my qualifications by the State of Alabama.

_____ _____

Signature of Applicant Date of Signature

Subscribed and Sworn to before me this_____day of_____, 20_____.

_____ _____

Signature of Notary Public Printed Name of Notary Public

_____ (SEAL)

My Commission Expires

BEFORE SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE BELOW CHECKLIST TO ENSURE THAT ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

- All sections of the application are complete and sections that do not pertain to your location are indicated so with "N/A".
- Signed Proof of Citizenship with Attached Supporting Documentation.
- All individuals affiliated with the ownership of the company have completed the Section 3 – Applicant Information.
- All individuals affiliated with the ownership of the company have completed Section 4 – Statement to the Board and is properly notarized.
- If the answer to any of the disclosure questions is "yes", information is attached with respect to all circumstances and the final result, if such has been reached.
- Enclosed a check or money order made payable to the Alabama Board of Home Medical Equipment (or ABHME) in the amount of $1,000.00 (Processing Fee for Out of State Branch or Location Providing Services on Behalf of a Licensed Location).

Return complete application to:
Alabama Board of Home Medical Equipment
2777 Zelda Road
Montgomery, AL 36106

Make check or money order payable to:
The Alabama Board of Home Medical Equipment or ABHME

Alabama Board of Home Medical Equipment
Proof of Citizenship (POC) Form

Instructions:
This form is to be completed by applicants for licensure in order to comply with Ala. Code§ 31-13-7 (1975 as amended).
Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

Alabama Board of Home Medical Equipment
2777 Zelda Road
Montgomery, AL 36106

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print):_____ License#: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:
_____ I am a United States Citizen.
I am submitting the attached COPY of my document to prove citizenship:
Please check and submit **one** of the following:
Alabama Driver's License or Identification issued by the Department of Public Safety
Driver's License from other state that required proof of lawful presence
Birth Certificate indicating U.S. Birth
Valid U.S. Passport
Military Identification showing U.S. as place of Birth
Naturalization documents
Certificate of Citizenship
Consular report of birth abroad of U.S. Citizen
Bureau of Indian Affairs Identification
American Indian Card issued by Homeland Security
Final adoption decree showing person's name and place of U.S. Birth
A valid Uniformed Services Privileges and Identification Card
Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
Certification of Birth Issued by U.S. Department of State
I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A- 10-102.

_____ _____
Signature Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:
_____ I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
Please check and submit **one** of the following:
1-327 Re-entry Permit
o1-551 Permanent Resident Card
1-571 Refugee Travel Document
I-766 Employment Authorization Card
1-94 Arrival/Departure Record
Unexpired Foreign Passport
Temporary 1-551 Stamp (on passport or1-94)
1-20 Certificate of Eligibility for non-immigrant (F-1) student status
OS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
Machine-readable immigrant Visa (with temporary 1-551language)
Other: _____ Explain:_____
I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code§ 13A-10-102.

_____ _____
Signature Date