

APPLICATION FOR CHANGE OF PERSON IN CHARGE

Instructions:

- This form is to be completed for existing licensees who are requesting a **change of Person in Charge only**.
- If additional changes such as equipment provided, FEIN or SSN, or disciplinary actions have ensued,



here. You will need to complete a new application instead.

- No fee is required for only a change of Person in Charge.

Current License Number: _____

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 Wholly Owned
 Managed Subsidiary

Operated Leased
 Other: _____

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.

<input type="checkbox"/> Administrative Sanctions(s) _____ / /	<input type="checkbox"/> Criminal Fines _____ / /
<input type="checkbox"/> Program Exclusion(s) _____ / /	<input type="checkbox"/> Restitution Order(s) _____ / /
<input type="checkbox"/> Suspension of Payment(s) _____ / /	<input type="checkbox"/> Pending Civil Judgments(s) _____ / /
<input type="checkbox"/> Civil Monetary Penalty(s) _____ / /	<input type="checkbox"/> Pending Criminal Judgments(s) _____ / /
<input type="checkbox"/> Assessment(s) _____ / /	<input type="checkbox"/> Judgments(s) Pending False

None of These Claims Act _____ / /

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 US? Yes No

Statement to the Board

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 licensure 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 licensure.

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 license 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 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 for licensure 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

PROOF OF CITIZENSHIP

Code of Alabama 1975, Section 31-13-29(g)

From Act 2012-491

1. A driver's license or nondriver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or nondriver's identification card.
2. A birth certification indicating birth in the United States or one of its territories.
3. Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
4. United States naturalization documents on the number of certificate of naturalization.
5. Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
6. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
7. A consular report of birthday abroad of a citizen of the United States of America.
8. A certification of citizenship issued by the United States Citizenship and Immigration Services.
9. A certification of report of birth issued by the United States Department of State.
10. An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
11. Final adoption decree showing the person's name and United States birthplace.
12. An official United States military record of service showing the applicant's place of birth in the United States.
13. An 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.
14. AL-Verify.
15. A valid Uniformed Services Privileges and Identification Card.
16. Any other form of identification that the Alabama Department of Revenue Authorizes, through administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

PROOF LAWFUL PRESENCE OF NON-CITIZEN

Code of Alabama 1975, Section 31-13-3-(10)

1. A valid, unexpired Alabama driver's license.
2. A valid, unexpired Alabama nondriver's identification card.
3. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
4. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.
5. A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
6. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United State Department of Homeland Security indicating the bearer's admission to the United States.