[](http://www.dbhds.virginia.gov/) Virginia Department of Behavioral Health and Developmental Services

# RENEWAL PROVIDER APPLICATION FOR LICENSING

***SECTION 1*: Applicant Renewal Information:** Identify the person, partnership, corporation, association, or

governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO or CAO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Please review the “licensed as” statement for accuracy in the descriptions of services. If any

are inconsistent with the actual service, please note the discrepancy on the license.

***SECTION 2*: Service Renewal Information:** Please list the license numbers you are applying for renewal:

1. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 9. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 10. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 11. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 12. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 13. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
6. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 14. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
7. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 15. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
8. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 16. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**

***SECTION 3*: Service Close Information:** Please list the license numbers you are choosing **NOT TO**

**RENEW** and are surrendering:

1. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**

**SECTION 4. Certificate of Application:**

This Certificate of Application is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

*I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance, if licensed.*

*I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services*

*to make necessary investigations into this application or complaints received. I understand that unannounced visits will be made to determine continued compliance with regulations.*

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.

IT IS MY INTENT TO: (a) COMPLY WITH ALL APPLICABLE STATUES AND (b) TO MAINTAIN COMPLIANCE WITH ALL APPLICABLE REGULATIONS

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*RENEWAL FEE*:

*Providers of CHILDREN’S RESIDENTIAL SERVICES only must submit with the renewal application a*

*$100.00 renewal fee. The business check or a money order should be made payable to the “Treasurer of Virginia”.*

*Personal checks or cash are not accepted*

***RETURN ADDRESS***:

*If you have any questions concerning the application, please contact this office at (804) 786-1747.*

*Please return this application within* ***45*** *days prior to license expiration:*

**The Office of Licensing**

**Department of Behavioral Health and Developmental Services**

**Post Office Box 1797**

###### Richmond, Virginia 23218-1797

**Please note:** 12VAC35-105-40.A **“**The provider shall confirm his intent to renew the license **prior** to the expiration date of the license and notify the department in advance of any changes in service or location. “

If the provider does not confirm his intent to renew the organization or service license, it may delay the license or the license may be closed.