



State of Delaware

Office of Health Facilities Licensing and Certification
Registration for 3335 Office Based Surgery Facilities
(Please type)

Facility Legal Name

Doing Business As (DBA)

Facility Address

City State DE Zip Code

Facility Phone Facility Fax

Medical Director Name

Medical Director Phone Medical Director Email

Delaware Medical License Number Expiration Date

Office Manager Name

Office Manager Phone Office Manager Email

Emergency Contact Name

Emergency Contact Phone Emergency Contact Email

First Date of Operation as a Facility that Performs Office Based Surgery

All facilities that perform office-based surgery must obtain accreditation from an accreditation organization approved by the Department of Health and Social Services.

The following accreditation organizations are approved by DHSS

- The Joint Commission (TJC)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Healthcare Facilities Accreditation Program (HFAP)
- American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF)
- Delaware Board of Dentistry and Dental Hygiene Anesthesia Advisory Committee

Attach the most current copy of the certificate from the accreditation organization, or evidence that the facility has applied for accreditation. All facilities must provide proof of accreditation to the Department within 12 months of the first day of operation of such facility.

Accrediting Organization

Date Accreditation Expires

Please provide an electronic copy of your:

- Accreditation Certificate
- Accreditation Approval Letter
- Complete Survey Report and Plan of correction (if applicable)

For Dental Facilities

- Please provide an electronic copy of your letter from Delaware Board of Dentistry and Dental Hygiene Anesthesia Advisory Committee

I hereby acknowledge that the above facility performs office based surgery as defined in [16 Del. C § 122 \(3\) \(y & z\)](#). and the Department of Health and Social Services Office Based Surgery Facilities (3335).

Print Name of Person Completing the Form

Title

Email

Phone

Signature

Date

- **Please type and email the registration form and accreditation documents to
DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV**