

# APPLICATION TO REGISTER AS A HEALTH CARE FACILITY OR ORGANIZATION UNDER THE VOLUNTEER HEALTH CARE PROVIDER PROGRAM

ADMINISTRATIVE SERVICES UNIT  
UNIVERSITY PARK PLAZA  
2829 UNIVERSITY AVENUE SE, SUITE 445  
MINNEAPOLIS, MINNESOTA 55414  
651/201-2732 or [www.asu.state.mn.us](http://www.asu.state.mn.us)

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

For Office Use Only	
REGISTRATION #:	_____
CHECK/RECEIPT #:	_____
AMT PAID:	_____
APPROVAL DATE:	_____
<b>SOURCE CODE</b>	<b>AMOUNT</b>
5622	\$50.00

INSTRUCTIONS FOR FACILITY / ORGANIZATION - REGISTRATION
<ol style="list-style-type: none"> <li>1. Answer all questions completely and accurately, or the application will be returned.</li> <li>2. The application fee is not refundable.</li> <li>3. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action by the individual licensing board if you are subsequently registered by ASU.</li> <li>4. Incomplete applications may be destroyed after six months of inactivity.</li> <li>5. Registration expires annually on September 30.</li> </ol>

HEALTH CARE FACILITY OR ORGANIZATION		
FULL LEGAL-CORPORATE NAME:		
CORPORATE STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	ZIP CODE:
ADDRESS WHERE SERVICES ARE PROVIDED:		
CITY:	STATE OR PROVINCE:	ZIP CODE:
BUSINESS PHONE:	FAX PHONE NUMBER:	WEB ADDRESS:
CONTACT PERSON AND TITLE:		EMAIL ADDRESS:

### PARTICIPATION OF HEALTH CARE FACILITIES

1. Is the Facility or Organization licensed to the extent required by law?  Yes  No
2. Check the volunteer health-related licensees serving at the organization.
 

<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Dentist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Dental Hygienist

### UNINSURED AND UNDERSINSURED REQUIREMENT

Is the facility or organization seeking registration providing health care services primarily to the uninsured and underinsured?  Yes  No

Please attach evidence showing the intent of serving the uninsured or underinsured; (i.e 501(C)(3), mission statement, brochures, financial statements, etc.) The definition of "charitable organization" does not require an organization to be registered as a 501(C) organization, it needs to be one that is similar and meets the requirements of the Minn. Stat. sec. 214.40, that is "has as a purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care services and that serves as a funding mechanism for providing those services.

### LIABILITY INSURANCE

Does this facility or organization possess general liability and professional liability insurance?  Yes  No  
(A copy of the insurance certificate must be attached and provided upon each renewal)