

MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Avenue, Room 309

Baltimore, MD 21215

410-764-4799 * Fax 410 358-3083

FACILITY UPDATE INFORMATION

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____ Email: _____

Days and Hours of Operation: _____

Back up Hospital(s): _____

Transplant Affiliation(s): _____

Initial ESRD Certification Date: _____ Number of Stations: _____

Total Number of Patients: _____

Number of: In-Center Hemo: _____ PD: _____ HHD: _____

Training room: PD _____ HHD _____

24hr Notification- Name _____ **Phone** _____

Chief Executive Officer: _____ Email _____

Administrator: _____ Email _____

Regional Director: _____ Email _____

Medical Director: _____ Email _____

Director of Nursing: _____ Email _____

Social Worker: _____ Email _____

Dietitian: _____ Email _____

Transplant Liaison _____ Email _____

Additional Information:

COMMISSION USE ONLY	
CERTIFICATION NUMBER _____	CERTIFICATION STATUS: _____
LAST SURVEY DATE: _____	FEE PAID: _____
LICENSING SURVEY: _____	DATE AND INITIALS: _____