

MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Avenue, Room 319
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: _____

Types of Dialysis Offered: _____

Total Number of Patients: _____

Hemo: _____ CAPD: _____ CCPD: _____ Home Dialysis: _____

Chief Executive Officer: _____ Email _____

24hr Notification- Name _____ **Number** _____

Administrator: _____ 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: _____