

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: _____