

**Maryland Department of Health**  
**Office of Health Care Quality**  
**Application for Health Care Staff Agency License**

**Instructions**

**Applying for a License**

Visit the Maryland Division of State Documents ([dsd.maryland.gov](http://dsd.maryland.gov)). Find “Search Regulations” on the left-hand side of the webpage and then enter COMAR 10.07.03 Health Care Staff Agencies. Read it in its entirety. A signature is required as an acknowledgement:

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Signature

Date

In accordance with COMAR 10.07.03.05, prior to operating a health care staff agency in Maryland, the agency must first obtain a health care staff agency license from the Office of Health Care Quality (OHCQ). A person operating an agency may not use the term “health care staff agency” in its advertising without first obtaining a license from OHCQ. See [COMAR 10.07.03.04](#).

To apply for a license, complete this application. The application must be typed. Handwritten applications are not accepted and will be returned to the applicant. Submit this completed application and the required attachments through the “Submit a License Application” link on the [OHCQ website](#). **There is no fee to apply for a license.**

**Required Attachments:**

1. Policies and procedures as required by the **Licensing Procedure** in [COMAR 10.07.03.05](#)
2. Letter of Good Standing: The applicant must obtain a Certificate of Status (also called a Letter of Good Standing) from the Maryland State Department of Assessments & Taxation (SDAT) through their [Business Express](#) portal. This certificate confirms that the business entity has fulfilled its obligations, including the **annual filing** of the [Annual Report](#) and the [Personal Property Tax Declaration](#) (if applicable: for businesses owning or using personal property in Maryland), and is legally authorized to operate in the state.
  - a. To register a business in Maryland, use the following link:  
<https://egov.maryland.gov/businessexpress>
  - b. When the business is currently active with Maryland DAT, conduct a search for the name of the business, click on the business name, and then click on “Order Documents” in the lower right-hand corner of the page.

3. Workers' Compensation: Attach a copy of the declaration page from your Workers' Compensation coverage. Those who need to acquire a Certificate of Compliance from Maryland Workers Compensation Commission can make the request to obtain the document by visiting the website: <https://comphub.wcc.state.md.us/Web/Public/CertificateOfCompliance>
- a. Corporations and limited liability companies who are not required to carry Workers' Compensation insurance coverage must submit a Certificate of Compliance.
  - b. Sole proprietorships and partnerships that do not have any employees and who are not required to have Workers' Compensation insurance coverage must submit a Letter of Exemption.
  - c. For more information, visit the [Maryland Workers' Compensation Commission](https://www.wcc.state.md.us/) website, call 410-864-5293, or email [wccinsur@wcc.state.md.us](mailto:wccinsur@wcc.state.md.us).

### **Change of Ownership**

A license is valid only in the name of the licensee to whom the license is issued and is not subject to sale, assignment, or other transfer. [COMAR 10.07.03.04](#). If the ownership is changing, the new owner must submit an initial license application and receive a new license prior to operating the agency.

### **Determination of the Request for a License**

Once all the required application materials are submitted, OHCQ will make one of the following determinations regarding your license application:

- **License Approval:** After OHCQ determines that the applicant is in compliance with all licensure requirements, a license is issued to the applicant.
  - In certain circumstances, OHCQ may issue a **License with Conditions**. [COMAR 10.07.03.05](#).
- **License Denial:** If you are unable to comply with all of the licensure requirements, then your application will be denied. If the application is denied, the applicant will receive a detailed letter explaining the reason for the denial and your appeal rights.
- **License Application Administratively Closed:** An application is not complete until the Department has received all the materials required in this application. OHCQ will hold an application for 180 days from the date of initial receipt, after which the application will be deemed inactive and administratively closed. An applicant whose application is administratively closed may reapply by submitting a new application.

**Withdrawal of Application:** An applicant may withdraw their license application at any time by notifying OHCQ in writing. An applicant may reapply by submitting a new application.

## A. General Information

Type of Application:     Initial             Change of Ownership

Legal Name of Business

Doing Business As or Trade Name

FEIN Number

Street Address

City, State, Zip Code

County

Business Phone

After Hours Emergency Phone

Fax Number

Agency Email

Agency Website

Name and Title of Primary Contact for Application

Business Email

Business Phone

Alternate Phone

Name and Title of Secondary Contact for Application

Business Email

Business Phone/Alternate Phone

## B. Description of Services

Describe the types of services the applicant will provide:

Read **COMAR 10.07.03.02B(3) and (9)** then respond by listing the types of staff the agency plans to hire:

Read **COMAR 10.07.03.02B (5) and (8)** then respond by listing the types of facilities where staff will be referred to render temporary services:

## C. Ownership: Complete the section that is applicable

**Sole Proprietorship - Skip this section if applicant is not a sole proprietorship**

Name of Sole Proprietor

Title

Street Address

City, State, Zip Code

Business Email

Business Phone

Business Fax

**Limited Liability Company (LLC) - Skip this section if applicant is not an LLC**

**Non-Maryland LLC:** If this is an LLC formed in a State or territory outside of Maryland (including in Washington DC, Puerto Rico, Guam, and the US Virgin Islands), or in another country, state where the LLC was formed.

Name of Limited Liability Company

Street Address of Principal Office

City, State, Zip Code

Business Email

Business Phone

Business Fax

**Partnership - Skip this section if applicant is not a partnership**

Type of Partnership:  Limited  General

Name of Partnership

Street Address of Principal Office

City, State, Zip Code

Business Email

Business Phone

Business Fax

**Corporation - Skip this section if applicant is not a corporation**

Type:  Stock Corporation  Nonstock Corporation  Close Corporation

Is this corporation:  For Profit  Non-Profit

Date of Charter

Date of Articles of Incorporation

**Non-Maryland Corporation:** If this is a corporation formed in a State or territory outside of Maryland (including in Washington DC, Puerto Rico, Guam, and the US Virgin Islands) or in another country, state where the corporation was formed.

Name of Corporation

Street Address of Principal Office

City, State, Zip Code

Business Email

Business Phone

Business Fax

## D. Disclosures

1. Does the parent company, owner, or officer currently own or operate a health-related facility or agency? Yes  No  If you answered yes, please list the name and type of facility in Section E.
2. Has the parent company, owner, agent, officer, or managerial staff previously owned or operated a health related facility or agency? Yes  No  If you answered yes, please list the name and type of facility in Section E.
3. Has the parent company, owner, or officer had a license to provide care to third parties revoked, suspended, or denied? Yes  No  If you answered yes, please list the name and type of license in Section E.
4. Has the parent company, owner, or officer been convicted of a criminal offense involving any program under Title 18, 19, or 20 of the Social Security Act? Yes  No  If you answered yes, please include details of the conviction in Section E.
5. Has the applicant or anyone with direct or indirect ownership interest in the agency been convicted of a felony? Yes  No  If you answered yes, please include the details of the conviction in Section E.

## E. Additional Information

Use this space to clarify any of your responses. Attach additional sheets, as needed.

## F. Attestation

**I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true.** I understand that the falsification of an application for a license may subject me to criminal prosecution, civil money penalties, and/or the revocation of any license issued to me by the Maryland Department of Health. In addition, knowingly and willfully failing to fully and accurately disclose the requested information may result in the denial of a request to become licensed or, where the entity already is licensed, a revocation of that license.

I certify that the agency hereby attests that it is in compliance with the federal Civil Rights Act of 1964; the Rehabilitation Act of 1973; the American with Disabilities Act of 1990; and the Drug Free Workplace Act of 1988.

I certify that this agency is in compliance with all applicable federal, State, and local laws and regulations, including the administrative and procedural requirements in [COMAR 10.07.03](#).

I certify that OHCQ shall be notified of any change in agency ownership, name, or address within 30 calendar days of the change; that I understand that any change in agency ownership, name, or address requires the issuance of a new license; and that I am aware that OHCQ may impose a fine of \$100 if the above notification does not occur within 30 calendar days of the change.

The signature of an owner, member, partner, or officer is required below.

Full Name of Applicant

Title of Applicant

Signature of Applicant

Date of Signature