

**Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Disclosure Form**

A. Demographic Information

Legal Name of Business

Doing Business As or Trade Name

FEIN Number

B. Disclosures

1. Has any health care facility or provider currently or previously owned, operated, or managed by the applicant or an affiliate been the subject of any enforcement action during the past five calendar years, such as denial, suspension, or revocation of license, actual or proposed Medicare or Medicaid decertification, ban on admissions, civil money penalty, fine, restriction or limitation of license, or placement under a monitor or receivership by a federal or state agency? Yes No If you answered yes, please provide the name and address of the facility or provider, the date and nature of the enforcement action, a summary of the reasons for such action, and the final or current disposition of the action in Section C.
2. 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 address of the facility, the nature of the health services provided, and the dates you owned or operated the facility in Section C.
3. Has the parent company, owner, agent, officer, previously owned or operated a health related facility or agency? Yes No If you answered yes, please list the name and address of the facility, the nature of the health services provided, and the dates in Section C.
4. 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 C.
5. 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 C.
6. 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 C.

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

D. 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.

Whoever knowingly and willfully makes or causes to be made a false statement or representation on this statement may be prosecuted under applicable State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become licensed or, where the entity is already licensed, a revocation of that license.

Applications on behalf of a legal entity shall be made by the senior officer or other senior official and a second official, if any.

Full Name of Applicant 1

Title of Applicant 1

Signature of Applicant 1

Date

Full Name of Applicant 2

Title of Applicant 2

Signature of Applicant 2

Date