

NYS OBS Application Addendum

A Survey Attachment Form must be completed by each applicant for OBS accreditation.

1. Legal Structure of Applicant

I/We, the Applicant, am/are engaged in the practice of medicine or podiatry, seeking OBS or office-based anesthesia accreditation under the name or names and address(es) identified on the application for accreditation or re-accreditation. In accordance with NYS Education Law, the practice is legally formed as a:

- _____ **Professional Limited Liability Company (PLLC)** in which members and managers are physicians licensed to practice in New York State. Provide photocopy of New York State Department of State (DOS) filed Articles of Organization and any amendments.
- _____ **Registered Limited Liability Partnership (LLP)** in which all of the partners are physicians licensed to practice in New York State. Provide photocopy of partnership agreement and DOS registration.
- _____ **General Partnership** in which all of the partners are physicians licensed to practice in New York State. Provide photocopy of partnership agreement.
- _____ **Individual Practitioner/Sole Proprietor.**
- _____ **Professional Corporation (PC)** in which all of the shareholders, officers and directors are physicians licensed to practice in New York State. Provide photocopy of DOS filed certificate of incorporation and any amendments.
- _____ **Faculty Practice Corporation** (under section 1412 of the Not for Profit Corporation Law). Provide photocopy of DOS filed certificate of incorporation and any amendments.
- _____ **Education Corporation** and medical school, the full-time employees of which practice medicine in accordance with the medical school's faculty practice plan, as authorized by the medical school's State charter. Provide photocopies of a State

charter or other legal document authorizing the entity to practice medicine in New York.

_____ **Governmental agency** meaning New York State or a department, board, bureau, division, office, agency, public benefit or other corporation or any other unit, however described, of New York State, a political subdivision of New York State, any one or more municipalities thereof or the federal government.

Copies of filed formation documents and amendments thereto may be obtained from the New York State Department of State, Division of Corporations. Please see: <http://www.dos.state.ny.us/corps/>

2. Name of Practice Seeking OBS Accreditation

The name of the practice seeking OBS accreditation does not contain the any of the following terms or phrases: center, clinic, facility or ambulatory surgery.

_____ Yes _____ No

3. Sharing of Office Space

. Does or will the practice be sharing the space to be accredited or re-accredited for OBS with this application with one or more other licensees or practices?

___ Yes _____ No

Copies of agreements between accredited OBS practices or licensees with whom they share space must be made available to surveyors during onsite surveys.

Signature of Applicant

Date

Type or Print Name of Applicant

Applicant's License number

January 27, 2015

Subscribed and sworn to before me, this _____ [day of the month] day of
_____ [month], 20_____.

Notary Seal:

Signature of Notary

Typed or Printed Name of Notary
Notary Public

My commission expires on: _____

January 27, 2015