

## Renewal Application Instructions:

Due to a large volume of requests for replacement renewal forms, we are placing a blank renewal form on the website for use. The form may only be used if you did not complete and mail the original renewal application. You can check licensure status by visiting the Board's website at [www.hme.ohio.gov](http://www.hme.ohio.gov). Click on "License Verification" and type in the license number (eg. [HMER] next field [License No.]). If the status is "Active in Renewal" the license or certificate of registration has not been renewed.

This form is blank and does not contain any facility specific information. When completing the form all address and license number information reported must match information maintained by the Ohio Respiratory Care Board for the licensed or registered home medical equipment facility. We recommend telephoning the Board office at 614-644-4732 to confirm your license address and license number on record.

**Important:** If you have relocated HME operations to another location that is not the original location for which the HME license or certificate of registration was approved, you **cannot renew** this license or certificate of registration. OAC 4761:1-15-03 prohibits the transfer of a license or certificate of registration to a new location or new facility.<sup>1</sup> If you have relocated HME operations, you must apply for a new initial license or certificate of registration.

**Instructions** for completion of a blank HME License Renewal Form or HME Certificate of Registration Renewal form for July 1, 2008 through June 30, 2010 period:

1. At the top of the form, clearly type the Name, dba name, address and HMER or HMEL number for the specific facility. If you are unclear what the HMER or HMEL number is for your facility or address the license or certificate of registration was issued to, you may telephone the Board office at 614-644-4732. If the line is busy, please be patient and telephone again. The Board will not accept incomplete applications or application containing information that does not match the facility license of record with the Board.
2. Complete all sections of the form, front and back. Initial the questions on the reverse of the form and sign and date the form.
3. Have the form notarized.
4. Overnight the form with fee to the Ohio Respiratory Care Board, 77 South High Street, 16<sup>th</sup> Fl., Columbus, Ohio 43215-6108. Applications postmarked after June 30, 2008, must include late fees.

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<sup>1</sup> OAC 4761:1-15-03 states:

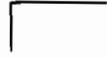
(A) Licenses and certificate of registration are valid only for the facility location listed in the application and are not transferable to another facility location or new facility. Any holder of a license or certificate of registration that transfers HME operations to another facility location or a new facility shall apply for a separate license or certificate of registration. The board shall cancel the license or certificate of registration of any facility upon the written notification by the facility's authorized representative that the facility of record is no longer engaged in the conduct of HME services.

(B) If the facility for which a person holding a license or certificate of registration changes ownership, the new owner shall immediately notify the board in writing of the change. The new owner shall provide the date of ownership change, the name and title of the authorized representative and facility manager and the name of the facility, if either is different from information on record with the board. The board shall notify the appropriate accrediting organization for facilities holding a certificate of registration. If the facility name changes, the authorized representative shall request an updated license or certificate of registration identification card and certificate and shall pay the fee required by the board. The new owner shall be scheduled for an inspection that will be conducted within sixty days of the date of notification to the board of the change in facility ownership.

# Biennial Renewal Application for HME Registration



**Ohio Respiratory Care Board  
HME Division  
77 S. High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108  
614-752-9218  
[www.hme.ohio.gov](http://www.hme.ohio.gov)**



**Instructions:** This application is for obtaining a Renewal HME registration to sell or rent Home Medical Equipment in the State of Ohio. Your registration will be effective July 1, 2008 – June 30, 2010. Please complete all sections. Fees must be paid by check or money order made payable to: **Treasurer, State of Ohio**. All returned checks shall be assessed a penalty of fifty dollars.

Please return to Ohio Respiratory Care Board HME Division address above by June 30, 2008 to avoid late fees.

<b>Fee</b>	Certificate of registration	\$400.00
<b>Late Fees</b>	Application postmarked after June 30, 2008	\$100.00 additional
	Application postmarked after July 30, 2008	\$200.00 additional
	Application postmarked after August 29, 2008	\$300.00 additional
	Application postmarked after September 28, 2008	\$400.00 additional

## Part A – Facility Information

Name of Owner or Corporation			
Business Mailing Address			
Name of Facility or DBA	City	State	Zip
Facility Address: - if different than above *	City	State	Zip
Phone Number of Facility:	Emergency 24 hour phone number:	County:	
Facility or company tax ID #			
Name of Authorized Agent	SSN: (required per ORC 3123.50)	Date of Birth	
Facility Manager (If different than above)	SSN: (required per ORC 3123.50)	Date of Birth	
Fax Number:	Facility primary e-mail Address:		
Medicare Number	Medicaid Number		

\* The Board will mail all correspondence to the facility mailing address

**Part B – Must be completed by all applicants**

To renew your registration as an HME service provider, please indicate your compliance by placing your initials in the box

Yes	No	If "No," please state all particulars on a separate sheet of paper
		You continue to maintain a facility to adequately store, maintain, lease or sell the home medical equipment in which you have listed on your initial application for registration.
		You have trained personnel on staff to ensure that the equipment is maintained, leased and sold in accordance with the laws and rules that are regulated for the safety of the public.
		You meet all established federal, state and local rules and regulations regarding the maintenance, storage and sale of home medical equipment.
		You remain accredited and in good standing by an Ohio Respiratory Care Board approved accrediting organization (JCAHO, ACHC, CHAP, TCT, CARF, BOC and HQAA). Please list Accreditation organization: _____ Accreditation Expiration date (if applicable): _____

I do solemnly swear or affirm that the answers appearing hereon are true and correct to the best of my knowledge and belief, that I am legally authorized to sign for this business, and that this business complies with all applicable federal and State licensure and regulatory requirements.

\_\_\_\_\_  
Type or print name of person responsible for Day to Day Operations

\_\_\_\_\_  
Signature of person responsible for Day to Day Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature/ Commission

\_\_\_\_\_  
Date

NOTARY SEAL/STAMP

**DO NOT WRITE BELOW THIS LINE – FOR ORCB USE ONLY**

Check #	Check Amount	Check Date	Receipt Date
Agency Control #	Date entered		
Registration Number	Registration Cert. Appl. #		