

Application for Preliminary Certificate of Registration

Date Submitted: _____

COMAR Title 32.02.01.06, Subsection C, fully states requirements for information to be submitted when applying for a Preliminary Certificate of Registration.

1.	Name of Facility:	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	State of Incorporation, or governing the formation of the partnership, trust, or limited liability corporation.	

2.	Chief Executive Officer to the Facility:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

3.	Proposed Location of Facility (if different than listed in 1.):	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	

4.	Name of Affiliated Parent or Subsidiary Corp. or Partnership:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

5.	The Individual (if provider is an individual):	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

The following should be marked as indicated and attached to this application:

- Exhibit A The names and occupations of the provider’s officers, directors, trustees, managing or general partners, and non-stock corporation members and an individual having a 10% or greater equity interest or beneficial interest in the provider.

A description of each financial interest in, or occupation with, the provider of each individual identifies in Exhibit A above.

- Exhibit B The names of any individuals listed in Exhibit A having a 10 percent or more interest in any vendor or provider of goods, premises, or services at the facility with a value of \$10,000 or more within any fiscal year including the name and addresses of the business entities; a description of the goods, premises, or services; and the anticipated yearly costs the facility or provider will incur for the goods, premises, or services.

- Exhibit C A copy of any current document as it pertains to the legal organization of the provider, including corporation charter, by-laws, articles of association, membership agreement, trust agreement, partnership agreement or similar instruments or agreements.

- Exhibit D A statement of any current or prior affiliation with a religious, charitable, or other nonprofit organization, and the extent, if any, to which the affiliate organization will be responsible for the financial and contractual obligations of the applicant.

- Exhibit E A brief narrative description of the physical facility.

- Exhibit F Certified financial statements of the provider for the 3 most recent fiscal years for which certified financial statements are obtainable under generally accepted accounting principles; and if the most recent fiscal year ended more than 90 days prior to the date of filing this application, also submit an Income Statement, which need not be certified, for the period from the end of the fiscal year to a date not more than 90 days prior to the date of filing.

- Exhibit G A statement of the current or proposed utilization of any public-funded benefit or insurance program in the financing of care.

- Exhibit H A copy of proposed agreements to be entered into between the provider and subscribers for continuing care and proposed priority admission agreements between the provider and any health care providers, if applicable.

The Continuing Care Contract Review Worksheet must be completed and submitted with the proposed continuing care agreement.

- Exhibit I A table of the most current fee structure, including escalator or other automatic adjustment provisions.
- Exhibit J The form and substance of any advertising campaign, advertisement or other promotional material for the facility that has not been previously approved by the Department.
If a provider that has submitted a feasibility study desires to advertise a continuing care community before an initial certificate of registration has been issued, the provider shall submit that advertising so it is received by the Department at least 3 working days before the advertising is to be aired, distributed, or otherwise used; the envelope or package in which the submission is delivered shall indicate in prominent type that the contents are proposed advertising materials for a community that does not have an initial certificate of registration.
- Exhibit K A statement explaining any differences between information submitted with this application from information on the application submitted with the Feasibility Study.
A copy of the fully executed escrow agreement, if one was not filed with the Feasibility Study Application; if a fully executed copy does not accompany this application, estimate on the line below when a copy will be filed with the Department.
- _____
- Date
- Exhibit L A copy of the proposal Disclosure Statement which shall be provided to a prospective subscriber before payment of any part of the entrance fee or, if earlier, the execution of a continuing care agreement.
The initial Disclosure Statement shall be submitted to the Department for review at least 45 days before distributing the statement to any prospective subscribers.
- Other Exhibits Addenda: Additional pertinent information may be labeled as Addendum 1, 2, ...and attached to this application.

Email your application to the Department’s intake email address:
[cchousingservices.mdoa@maryland.gov](mailto:crc housingservices.mdoa@maryland.gov)

The undersigned attest that the information submitted herein is true and accurate.

Applicant Statement:

(Signature)

(Title)