

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DCH	DIVISION CODE HFR	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION CASES

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check Here an if Application Was Denied:

Check Only One in This Box:

<input type="checkbox"/> ASTC (Ambulatory Surgical Treatment Centers) <input type="checkbox"/> BC (Birthing Center) <input type="checkbox"/> CLA (Community Living Arrangements) <input type="checkbox"/> CLAB (Clinical Lab) <input type="checkbox"/> DATP (Drug Abuse Treatment Program) <input type="checkbox"/> EB (Eye Bank) <input type="checkbox"/> EPAMR (Emergency Prohibition of Admission to an Institution or Placement or Relocation of a Monitor)	<input type="checkbox"/> ESRD (End Stage Renal Disease) <input type="checkbox"/> FDCH (Family Day Care Home) <input type="checkbox"/> HF (Hospice Facility) <input type="checkbox"/> HHA (Home Health Agency) <input type="checkbox"/> HOSP (Hospitals) <input type="checkbox"/> ICH (Intermediate Care (Nursing Homes)) <input type="checkbox"/> INF (Infirmary) <input type="checkbox"/> IRTF (Intensive Residential Treatment Facility)	<input type="checkbox"/> NAR (Nurse's Aid Registry) <input type="checkbox"/> NH (Nursing Home) <input type="checkbox"/> Other <input type="checkbox"/> PCH (Personal Care Homes) <input type="checkbox"/> PHCP (Private Home Care Provider) <input type="checkbox"/> SNH (Skilled Nursing Home) <input type="checkbox"/> TBIC (Traumatic Brain Injury Center) <input type="checkbox"/> XRAY (XRAY Radiological Facility)
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CONTACT PERSON IN AGENCY

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION:	EMAIL:

NON-AGENCY PARTY

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL:	
ATTORNEY NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	EMAIL:	GEORGIA BAR NO: