

Ohio Department of Health

## **MATERNITY LICENSURE**

Board of Health

Certificate of Approval

### **General Information and Instructions**

Ohio Administrative Code (OAC) 3701-7-03 states that the Ohio Department of Health is to forward a copy of a completed application to the board of health of the health district in which the maternity unit and newborn care nursery, newborn care nursery, or maternity home is located. The board of health of the health district shall approve the application, unless the maternity unit, newborn care nursery, or maternity home is in noncompliance with any applicable local health regulation; and notify the director of its determination within 30 days of receipt of the application.

You may fax the Certificate of Approval to (614) 564-2426 or mail to the address below.

Ohio Department of Health  
Office of Health Assurance and Licensing, Maternity/Newborn  
246 N. High Street  
Columbus, OH 43215

Should you have any questions regarding the actual survey or the requirements, you may e-mail the survey bureau at [community@odh.ohio.gov](mailto:community@odh.ohio.gov) or call (614) 387-0801. Should you have any questions regarding the form, please e-mail us at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or call the Office of Health Assurance and Licensing at (614) 466-7713.

# MATERNITY LICENSURE

## Board of Health Certificate of Approval

Hospital/Home Name	ID # _____MAT
Address	
City	Zip

\_\_\_\_\_, Board of Health, being in session on \_\_\_\_\_, adopted and approved the above maternity licensure application.

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Roll call, each member voted as follows:


Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Commissioner's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Ohio Department of Health

Office of Health Assurance and Licensure,  
Maternity/Newborn  
246 N. High Street  
Columbus, OH 43215  
(614) 564-2426 (Fax)