

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

Does the name of the practice seeking OBS accreditation 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

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: \_\_\_\_\_