



**Alabama Board of Home Medical Equipment
Services Providers**

P. O. Box 240636, Montgomery, AL 36124
Phone: 334-215-3474 FAX: 334.215.3457
Web Site: www.homemed.alabama.gov

APPLICATION FOR CHANGE OF PERSON IN CHARGE

Instructions:

- **This form is to be completed for existing licensees who are requesting a change of Person in Charge only.**
- **If additional changes such as physical address, equipment provided, FEIN or SSN, or disciplinary actions have ensued,**



here. You will need to complete a new application instead.

- **No fee is required for only a change of Person in Charge.**

Current License Number: _____

Applicant Information (Applicant means an individual applicant in the case of sole proprietorship, or any officer, director, agent, managing employee, general manager, or person in charge, or any partner or shareholder having an ownership interest in the corporation, partnership, or other business entity. **For each entity/person with any ownership interest in applicant, copy this page and complete in its entirety for each individual.**

Legal Business Name: _____

D/B/A name: _____

Your Name: _____ Title: _____

check this box if this individual is to be designated as the Person in Charge on the license

Home Address: _____

City, State, Zip Code: _____

Home Phone #: (____) _____ SSN: _____

Date of Birth: ____/____/____ Birth State: ____ Birth County: _____

Parent/Home Office Information (If applicable)

Name: _____

CEO: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ FAX #: _____

E-Mail: _____ FEIN#: _____

Your Affiliation: Joint Venture/Partnership Wholly Owned
 Managed Subsidiary
 Operated Leased
 Other: _____

Check if this entity/owner has EVER had any of the following adverse actions imposed by the Medicare, Medicaid, or any other federal agency program. For each box checked, include the date the adverse legal action was imposed. Check all that apply or the “none of these” box. Attach copies of adverse legal action notification.

- | | |
|---|--|
| <input type="checkbox"/> Administrative Sanctions(s) ____/____/____ | <input type="checkbox"/> Criminal Fines ____/____/____ |
| <input type="checkbox"/> Program Exclusion(s) ____/____/____ | <input type="checkbox"/> Restitution Order(s) ____/____/____ |
| <input type="checkbox"/> Suspension of Payment(s) ____/____/____ | <input type="checkbox"/> Pending Civil Judgments(s) ____/____/____ |
| <input type="checkbox"/> Civil Monetary Penalty(s) ____/____/____ | <input type="checkbox"/> Pending Criminal Judgments(s) ____/____/____ |
| <input type="checkbox"/> Assessment(s) ____/____/____ | <input type="checkbox"/> Judgments(s) Pending False
Claims Act ____/____/____ |
| <input type="checkbox"/> None of These | |

Does this entity/owner have any outstanding criminal fines? Yes No
 Does this entity/owner have any outstanding restitution orders? Yes No
 Has this entity/owner ever been convicted of any health care related crimes? Yes No
 Has this entity/owner ever been convicted of a felony under Federal or State law? Yes No
 Are you a citizen of the US? Yes No

Statement to the Board

Administrative Code of Alabama CHAPTER 473-X-1-(1) Applicant means an individual applicant in the case of a sole proprietorship, or any officer, director, agent, managing employee, general manager, or person in charge, or any partner or shareholder having an ownership interest in the corporation, partnership, or other business entity.

I, _____ being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

To the best of my knowledge, the information contained in this application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant’s qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for the inspection by the public, except with regard to the release of information which is classified as controller, private, or protected under the Government Records Access and Management Act or restricted by other law.

Has the applicant ever been convicted of any health related crime?
 Yes No
 Has the applicant ever been convicted of a felony under Federal or State Law?
 Yes No

Has any family or household member of the applicant ever been convicted, assessed, or excluded from the Medicare or Medicaid program due to fraud, obstruction or an investigation, filing of false claims, or providing false information? Yes No

I, _____ being duly sworn, depose and say I certify that I have read, understand, meet, and will continue to meet all supplier standards outlined in 42CFRG424.57 and comply with the Rules and Regulations of the Alabama Board of Home Medical Equipment Services Providers and have truthfully and completely disclosed all ownership and control of the applicant, and that all information submitted on/or with this application is true and complete.

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board, records or information required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

Signature of Applicant

Date of Signature

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

Printed Name of Notary Public

(SEAL)

My Commission Expires



**Alabama Board of Home Medical Equipment Services Providers
Proof of Citizenship (POC) Form – for Initial HME License**



Instructions:

- This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended).
- This form must be completed by each individual affiliated with the ownership of the company and by the applicant (if other than an owner of the company). Copies of this form may be made as needed.
- Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to: The Alabama Board of Home Medical Equipment Services Providers, P.O. Box 240636, Montgomery, AL 36124-0636. **Do not send originals or faxes of citizenship/legal presence documents.**

Name (Please Print): _____ Permit #: _____

Company Name: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
Please check and submit one of the following:
- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
Please check and submit one of the following:
- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date