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| <input type="checkbox"/> Audiology               | <input type="checkbox"/> Rehabilitation Engineer                         |
| <input type="checkbox"/> Chaplaincy              | <input type="checkbox"/> Respiratory Therapy                             |
| <input type="checkbox"/> Cognitive Rehab Therapy | <input type="checkbox"/> Social Work                                     |
| <input type="checkbox"/> Dentistry               | <input type="checkbox"/> Therapeutic Recreation                          |
| <input type="checkbox"/> Dietetics/Nutrition     | <input type="checkbox"/> Vocational Rehabilitation                       |
| <input type="checkbox"/> Driver Education        | <input type="checkbox"/> Nursing, including administration of medication |
| <input type="checkbox"/> Family Dentistry        | <input type="checkbox"/> Neuropsychology                                 |

**SECTION C: OWNERSHIP INFORMATION**

Type of Ownership (Check Applicable Category)

- | <u>Nonprofit</u>                                  | <u>Proprietary</u>                   | <u>Governmental</u>                         |
|---|--------------------------------------|---|
| <input type="checkbox"/> Church Related           | <input type="checkbox"/> Individual  | <input type="checkbox"/> State              |
| <input type="checkbox"/> Nonprofit Assn. or Corp. | <input type="checkbox"/> Partnership | <input type="checkbox"/> County             |
|   | <input type="checkbox"/> Corporation | <input type="checkbox"/> City or Municipal  |
|   |                                      | <input type="checkbox"/> Combination        |
|   |                                      | <input type="checkbox"/> Hospital Authority |

1. List Names and Addresses of all owners with 5% or more interest.

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2. List Names and Addresses of Officers of the Corporation.

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3. List Names and Addresses of Partners.

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**SECTION D: Certification**

*I certify that this facility will comply with all rules and regulations for Traumatic Brain Injury Facilities. I further certify that the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature (Principal Officer of Governing Body)

\_\_\_\_\_  
Title

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**(For Department of Community Health Use Only)**

Date Received \_\_\_\_\_

Reviewed By \_\_\_\_\_

Certificate of Need Attached: Yes\_\_\_ NO\_\_\_

Permit Number Issued \_\_\_\_\_

Effective Date \_\_\_\_\_

Approved: \_\_\_\_\_

STATE OF GEORGIA )  
 ) AFFIDAVIT RE: PERSONAL IDENTIFICATION  
COUNTY OF \_\_\_\_\_ ) FOR LICENSURE/REGISTRATION

PERSONALLY APPEARED before the undersigned officer, duly authorized to administer oaths, came the undersigned, who after having been duly sworn, states under oath, the following:

1. That my name is \_\_\_\_\_ and that I am who I say I am;
2. That my address is \_\_\_\_\_;
3. That I have presented sufficient personal identification to the notary that is true and accurate;
4. That I am legally in the United States of America;
5. That I am applying to the Georgia Department of Community Health, Healthcare Facility Regulation Division, to operate a business activity that is subject to regulation by the Department of Community Health; and that this affidavit is a material part of the application; and
6. That if the Department subsequently determines that the material information contained in this affidavit is false, I will in violation of licensing/registration requirements, which may result in revocation of my license or registration.

Sworn to and subscribed before me )

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.)

)

)

)

)

\_\_\_\_\_)

NOTARY PUBLIC )

STATE OF GEORGIA )

\_\_\_\_\_  
Affiant

My commission expires:\_\_\_\_\_.

## **Documents That Establish Identity**

For individuals 18 years of age or older:

- Driver's license or ID card issued by a state or outlying possession of United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- ID card issued by federal, state, or local government Agencies or entities provided it contains a photograph or Information such as name, date of birth, sex, height, eye color, and address (including U.S. Citizen ID Card [INS Form I-197] and ID Card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- Voter's registration card
- United States Military card of draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority