DPS | Montgomery County Department of Permitting Services

Department of Permitting Services
Division of Commercial Building Construction
2425 Reedie Drive, 7th Floor, Wheaton, MD 20902
Phone: 311 in Montgomery County or (240) 777-0311
http://www.montgomerycountymd.gov/permittingservices

Certification of Ambulatory Health Care Facility Status

Project Name: _____

Project Address: _____

Permit Application Number (AP#): _____

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE MEDICAL INSTITUTION

This certification request is part of a building permit submittal and is used to help determine the classification of medical facilities. Must initial each category as "does provide" or "does not provide". Incomplete applications may delay the application review process. **The project architect or engineer may not complete this form.**

IBC – INTERNATIONAL BUILDING CODE, AMBULATORY CARE FACILITY

INITIAL		SERVICE
DOES PROVIDE	DOES NOT PROVIDE	Please indicate if the following will or will not be provided at this facility:
		Services to patients that because of the age of the individual cannot respond as an individual to an emergency situation.
		Services to patients with physical or mental limitations that because of the treatment or the physical or mental limitations cannot respond as an individual to an emergency situation.
		Services to patients with a chemical dependency that because of the treatment or the chemical dependency cannot respond as an individual to anemergency situation.
		Medical treatment that renders the patients unable to respond as an individual to an emergency situation.

NFPA 101 – LIFE SAFETY CODE, AMBULATORY HEALTH CARE

INITIAL		SERVICE
DOES PROVIDE	DOES NOT PROVIDE	Please indicate if the following will or will not be provided at this facility:
		Treatment for patients that renders the patients incapable of taking action forself-preservation under emergency conditions without the assistance of others.
		Anesthesia that renders the patients incapable of taking action for self- preservation under emergency conditions without the assistance of others.
		Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of other.

I certify that the information I have provided is true and understand that changes pertaining to services, which may render patients incapable of self-preservation, require review by the Montgomery County Department of Permitting Services prior to implementation of those changes. I understand that false information provided on this certification may result in revocation of Use and Occupancy approval.

_____ _____

Name (print) of Authorized Representative Signature

_____ _____

Title Date

_____

Phone Number