**Application for the Establishment of a Medical Institution in Hainan Province**

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| **Application entity (individual)** |  |
| **Legal representative** |  |
| **Address** |  |
| **Date of application** |  |

**Prepared by Hainan Provincial Health Commission**

**I. Instructions**

1. This application form can be downloaded from the websites of Hainan Provincial Government Service Center or **Hainan Provincial Health Commission**.

Websites: <http://www.hizw.gov.cn>; <http://www.wst.hainan.gov.cn>

2. Please read the relevant regulations and application acceptance provisions carefully before filling out this form.

3. Establishing entity (individual): Fill in the superior competent entity or investor of the medical institution to be established.

4. Address: Fill in the legal address of the establishing entity (individual) and the individual shall fill in the home address.

5. Category: Fill in the corresponding category according to Article 3 of the *Implementation Rules for the Regulation on the Administration of Medical Institutions*.

6. Name: Fill in the name of the medical institution being applied for.

7. Site selection: Fill in the detailed address of the medical institution to be established (for applications to establish an Internet hospital, fill in the address of the physical medical institution on which the Internet hospital relies).

8. Ownership form: Select one of the following forms to fill in (only one can be filled in)

a. Owned by the whole people b. Collectively owned c. Privately owned

d. Chinese-foreign joint venture (cooperative) e. Other

9. Business nature: Fill in whether the medical institution is a not-for-profit institution founded by the government, not-for-profit institution not founded by the government or for-profit institution.

10. Sickbeds (dental chairs): Fill in the number of sickbeds, dental chairs and observation beds to be established.

11. Service recipient: (Only one can be filled in)

a. Social b. Internal

12. Diagnosis and treatment items: Fill in all the primary and secondary items being applied for.

13. The content of this application form shall be complete, clear and free of alterations. Fill in “None” in any blank spaces.

14. The content of this application form and all application materials must be printed.

15. This application shall be submitted to the Approval of Hainan Provincial Health Commission of Hainan Provincial Government Service Center after being filled out by the applicant.

**II. Appendix 1 Site Selection Materials Shall Include:**

1. Selection basis;

2. Environment and public facilities in the selected area;

3. Relationship between the site and nearby childcare institutions, primary and secondary schools and food production and operation entities; and

4. Site space and construction space.

**III. Housing Rental Agreement, Property Certificate or Land Certificate**

**IV. One Copy of the Application Form and Application Materials**

**Application for the Establishment of a Medical Institution in Hainan Province**

|  |  |  |  |
| --- | --- | --- | --- |
| Establishing entity (individual) |  | Detailed address |  |
| Contact |  | Tel. |  |
| Items applied for approval | Category |  |
| Name |  |
| Site selection |  |
| Ownership form |  |
| Business nature |  |
| Sickbeds (dental chairs) |  |
| Service recipient |  |
| Diagnosis and treatment items |  |
| Total investment |  |
| Others | Note: If intending to add Internet-based diagnosis and treatment into its services, designate the Internet hospital as its secondary name or establish an Internet hospital at the same time when applying for the establishment of the physical medical institution, the “Service mode addition: Internet-based diagnosis and treatment” must be indicated. |
| **Appendices submitted for the application:**1. Site selection materials;2. Housing rental agreement, property certificate or land certificate; and3. If two or more legal persons or other organizations jointly apply to establish a medical institution or two or more partners apply to establish a medical institution, an agreement signed by all parties must be submitted. |

Appendix 1:

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| Selection materials: |

Appendix 2:

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| Housing rental agreement, property certificate or land certificate: |

Appendix 3:

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| If two or more legal persons or other organizations jointly apply to establish a medical institution or two or more partners apply to establish a medical institution, an agreement signed by all parties must be submitted: |

**Letter of Commitment**

This entity (individual) voluntarily chooses the legal person commitment system for examination and approval and makes the following commitments regarding relevant matters:

I. This entity (individual) commits that all documents, certificates, data and relevant materials submitted for the application for the establishment of the medical institution and appendices are true, accurate, legal and valid.

II. This entity (individual) commits that the examination and approval matters for the application of the establishment of the medical institution comply with the application conditions prescribed by laws and regulations.

III. This entity (individual) commits that the documents regarding the qualifications of personnel involved in this matter are true, legal and valid, requests the Hainan Provincial Health and Family Planning Commission to expedite the examination and approval and accepts on-site inspections at any time. If any discrepancies are found during the on-site inspection compared to the above commitments, this entity (individual) commits to bearing the legal liabilities of such malicious falsifications and agrees to the following sanctions:

1. The Hainan Provincial Health Commission will revoke the decision on the approval of the establishment;

2. The Hainan Provincial Health Commission will not accept applications for this administrative licensing item from this entity (individual) within three years;

3. The Hainan Provincial Health Commission will disclose the breach of trust of the entity (individual) via the media, including information about the legal representative and person in charge related to this breach; and

4. The Hainan Provincial Health Commission will include the entity (individual) on a blacklist and implement key administrative supervision.

Application entity (individual) (official seal or personal seal):

Legal representative (signature/seal/photocopy of identity certificate):

Person in charge of quality (signature/seal/photocopy of identity certificate):

Date: