

**Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms
Registration and Renewal Form**

Instructions: Print and complete this form then mail it, along with a check or money order for \$1,000 payable to "New York State Department of Health," to

Office of Health Care Workforce Innovation
New York State Department of Health
Empire State Plaza, Corning Tower, Room 1695
Albany, NY 12237

Identify name on the check _____ Identify check # _____

In addition to this mail-in Registration Form, each temporary health care services agency and platform, hereinafter "**Agency**," is required to electronically submit four appendices for registration. Those appendices, along with their instructions, can be found on the Department's website: https://www.health.ny.gov/facilities/staffing_agency/.

A. This is an application for:

- New Registration or
- Registration Renewal, Agency ID# _____

B. Identify the name and address of the Agency headquarters.

Agency Name _____ Agency FEIN _____

Address _____

City _____ State _____ ZIP _____ Telephone _____

State of incorporation or organization _____ or Not Applicable

C. Identify the controlling person(s) for the Agency.

- | | |
|---------------|-------------|
| 1. Name _____ | Title _____ |
| 2. Name _____ | Title _____ |
| 3. Name _____ | Title _____ |

(If necessary, identify additional controlling person(s) on a separate sheet.)

D. Identify each health care entity ("entity") owned or managed by controlling person(s) or their family members.

1. Entity Name _____ PFI _____

Name of Controlling Person _____ or Family Member _____

The relationship between the Temp Agency Controlling Person/Family Member and the Health Care Entity is (select one)

- Ownership
- Management

2. Entity Name _____ PFI _____

Name of Controlling Person _____ or Family Member _____

The relationship between the Temp Agency Controlling Person/Family Member and the Health Care Entity is (select one)

- Ownership
- Management

(If necessary, identify additional health care entities and relationships on a separate sheet.)

E. Instructions: Please mark the check box next to each item to confirm the Agency meets the minimum requirement to be eligible for registration as a Temporary Health Care Services Agency under Article 29-K of the New York State public health law.

1. The Agency shall document that each health care personnel referred to, provided to, or contracted with health care entities currently meets the minimum licensing, training, and continuing education standards for the position in which the health care personnel will be working.	
2. Agency does not restrict employment opportunities of personnel and does not require the payment of liquidated damages, employment fees, or other compensation should personnel be hired as a permanent employee.	
3. Agency shall retain all records related to health care personnel for six calendar years and make them available to the Department upon request.	
4. Agency will comply with any request made by Department to examine records of the Agency, subpoena witnesses and documents, and make other investigations as is necessary.	
5. Agency shall appoint an administrator qualified by training, experience, or education to operate the Agency. Each separate Agency location shall have its own administrator.	
6. Agency shall maintain a written agreement or contract with each health care entity and the rates to be charged by the temporary health care services agency will be included in the agreement/contract.	
7. Contracts shall identify the minimum licensing, training, and continuing education requirements for each assigned health care personnel.	
8. Any requirement for minimum advance notice to ensure prompt arrival of assigned health care personnel will be included in the contract.	
9. The maximum rates that can be billed or charged by the temporary health care services agency will be included in the contract.	
10. Procedures for notice from health care entities of failure of medical personnel to report to assignments will be included in the contract.	
11. Procedures for the investigation and resolution of complaints about the performance of the temporary health care services agency personnel will be included in the contract.	
12. Procedures for notice of actual or suspected abuse, theft, tampering or other diversion of controlled substances by medical personnel will be included in the contract.	
13. The types and qualifications of health care personnel available for assignment through the temporary health care services agency will be included in the contract.	

F. Attestation: Consistent with Article 29-K of the Public Health Law (“Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms”), the individual authorized by the above-named Agency to submit this form attests that the information submitted is true, accurate, and complete to the best of their knowledge. The information collected will be used to register the agency as a temporary health care services agency in New York State.

I understand that any falsification, omission, or concealment of information may subject the above-named agency and/or its controlling person(s) to administrative, civil, or criminal liability, penalties, and/or fines.

Name _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Signature _____ Date _____