



UTAH DEPARTMENT OF HEALTH

UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION

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SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

HEALTH FACILITY SATELLITE QUESTIONNAIRE
NOTICE OF INTENT

FACILITY INFORMATION

FACILITY NAME [input field]

CONTACT PERSON [input field] PHONE NUMBER [input field]

SATELLITE NAME [input field]

SATELLITE ADDRESS [input field]

CITY [input field] STATE [input field] ZIP [input field] PHONE NUMBER [input field]

Is the service administered by a licensed health care facility? (i.e. Staffing, Services Billed, Records) [checkbox] YES [checkbox] NO
Are these services permitted within the scope of the parent facility license and Administrative Rules? [checkbox] YES [checkbox] NO
Is the service provided within the parent building or in a building attached to the parent building? [checkbox] YES [checkbox] NO
Would the service qualify for a separate license? (i.e. Ambulatory Surgical Center) [checkbox] YES [checkbox] NO

If the first two questions are answered YES and the last two are answered NO, then a satellite license must be issued and the procedure outlined in R432-2-5(2) must be followed. Any other combination of answers should be submitted to the Bureau for evaluation.

PRINT NAME [input field] DATE [input field]

SIGNATURE [input field]