

## Missouri Department of Health and Senior Services **Bureau of Ambulatory Care** PO Box 570, Jefferson City, MO 65102

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## **BIRTH CENTER ADDENDUM DATA for Facility:**

In addition to the information required on the Birthing Center Licensure Application, please also provide data indicated below:

- 1. Attach an organization chart indicating ownership and/or control. Attach separately.
- 2. Facility Website: (if applicable)
- 3. Facility Email:
- 4. Best facility contact name
- 5. Routine days/hours open for normal business: (M-F, 8a-6p, etc)
- 6. Average on-site deliveries per month:
- 7. Total on-site deliveries in the last twelve (12) months:
- 8. Number of physicians on staff at facility:
- 9. Number of Certified Nurse-Midwives (CNM) on staff at facility:
- 10. Number of Certified Professional Midwives (CPM) at facility:
- 11. Number of Birthing Rooms: