Office of Health Facilities

Application for Ambulatory Surgery Center Facility

Reference Guide for New Applicants

Let's begin!

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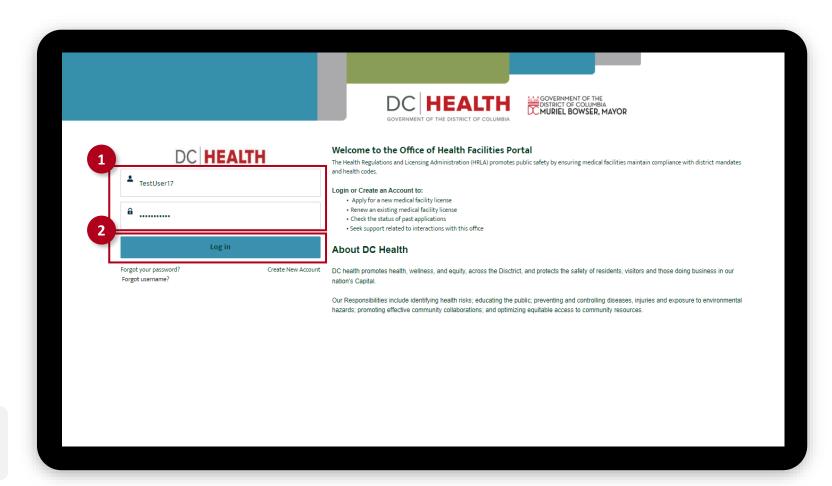GOVERNMENT OF THE DISTRICT OF COLUMBIA

Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

TIP: If you don't have an account click the **Create New Account** link.

Navigate to the New Application screen

1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.
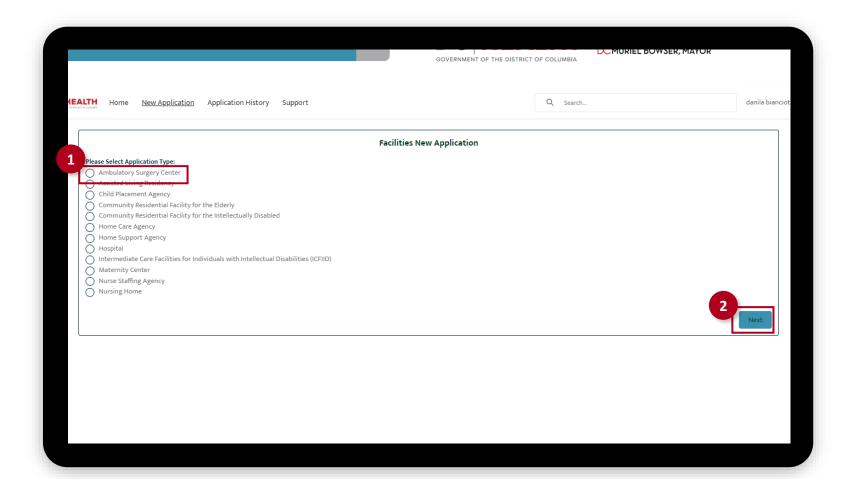
Select the Facilities New Application

1 Select the **Ambulatory Surgery Center** option from the list.

2 Click the **Next** button.

Select the Application Type

1 Select the **Initial** option from the drop-down list.
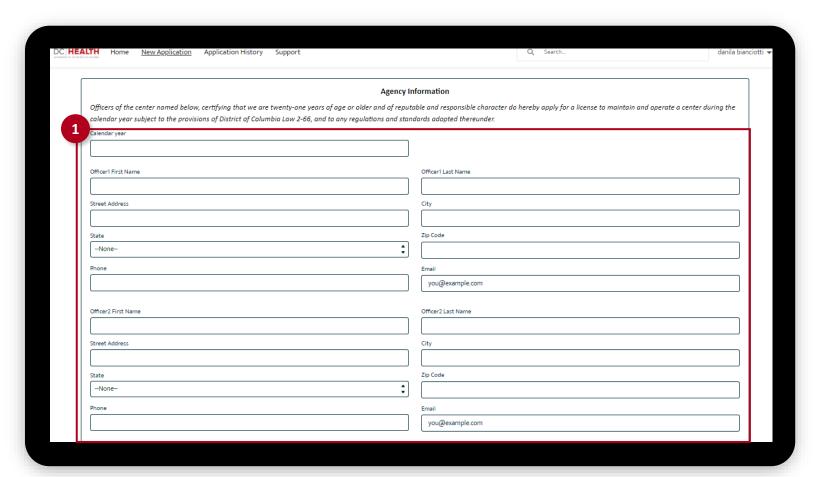
2 Click the **Next** button.

Fill out the Agency Information

1 Fill out the **Officer 1** and **Officer 2** information fields.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Agency Information

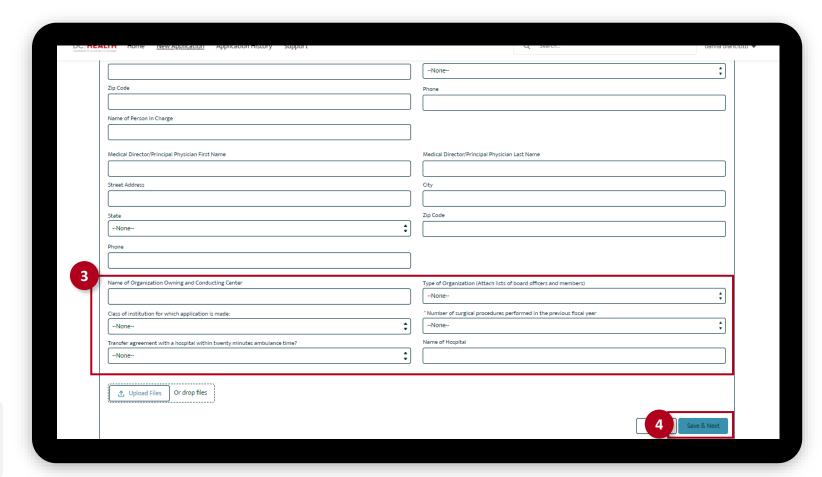**2** Fill out the Ambulatory Surgical Treatment Center and the Medical Director/Principal Physician information.

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Agency Information

3 Fill out the **Organization information** fields.

4 Click the **Save & Next** button.

TIP: If needed, use the **Upload Files** button to attach needed documentation.

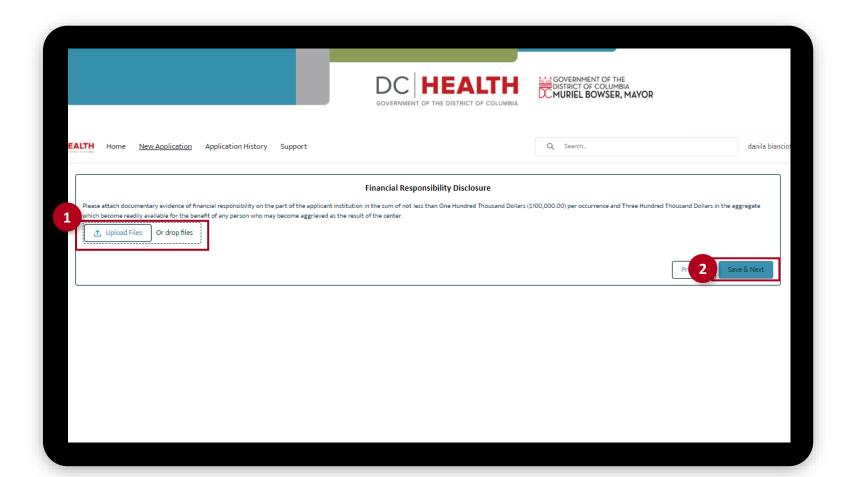*The fields marked with* ******* *are mandatory and must be filled out to continue.*

Financial Responsibility Disclosure

1 Click the **Upload Files** button to attach needed documents.
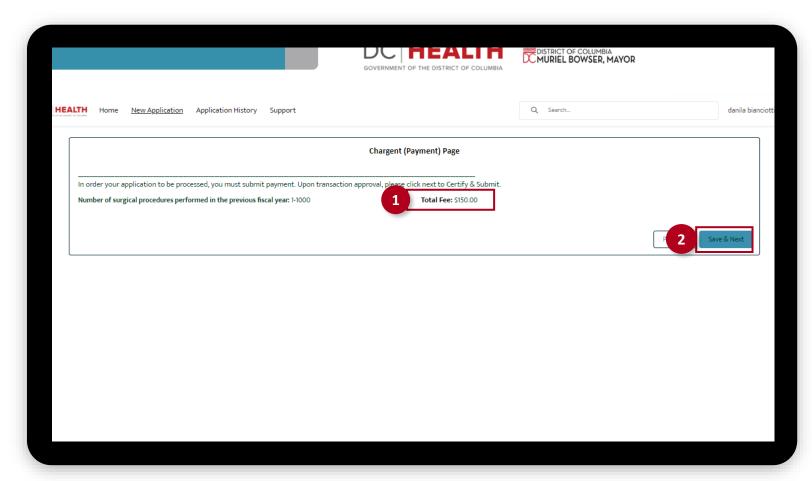
2 Click the **Save & Next** button.

Payment

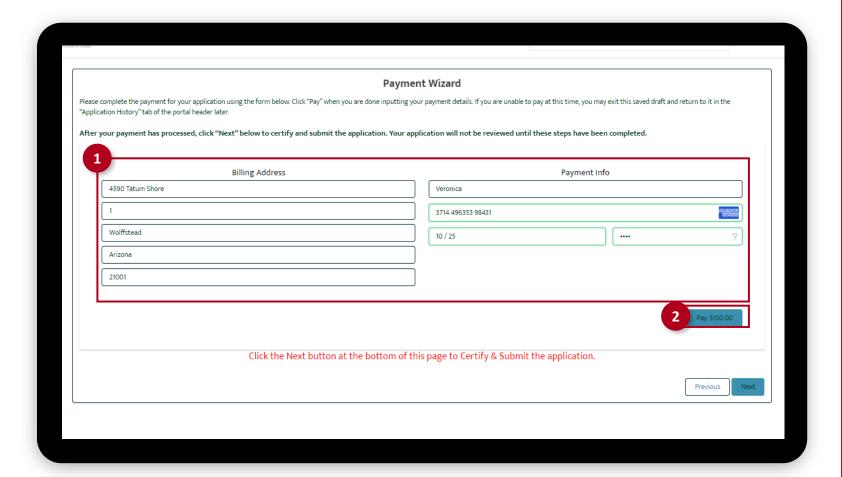**1** Check if **Total Fee** is correct.

2 Click the **Save & Next** button.

*The fields marked with * are mandatory and must be filled out to continue.*

Payment Wizard

1 Fill out the **Billing Address** and **Payment Info** fields.

2 Click the **Pay** button.

Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

Billing Address	Payment Info
4590 Tatum Shore	Veronica
1	3714 496353 98431
Wolffstead	10 / 25
Arizona	
21001	

2 Pay $150.00

Click the Next button at the bottom of this page to Certify & Submit the application.
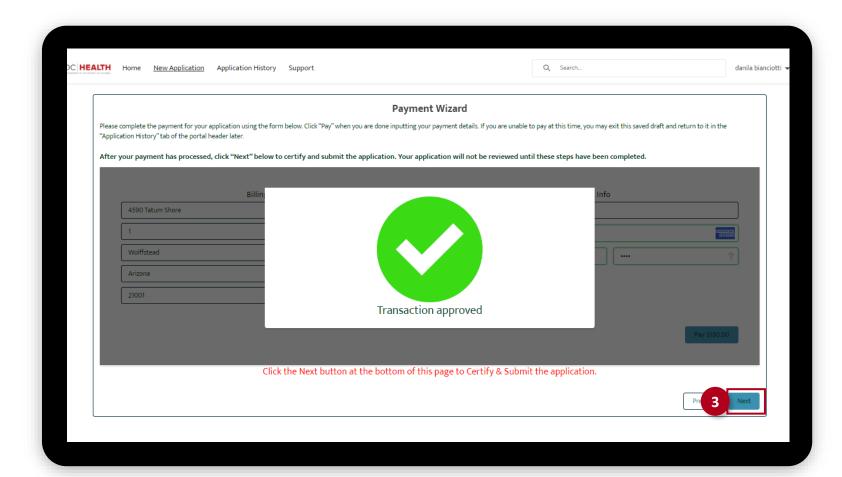
Previous | Next

Payment Wizard

3 Once the Transaction is approved, click the **Next** button.

Certify and Submit

1   Fill out the **Name** field.
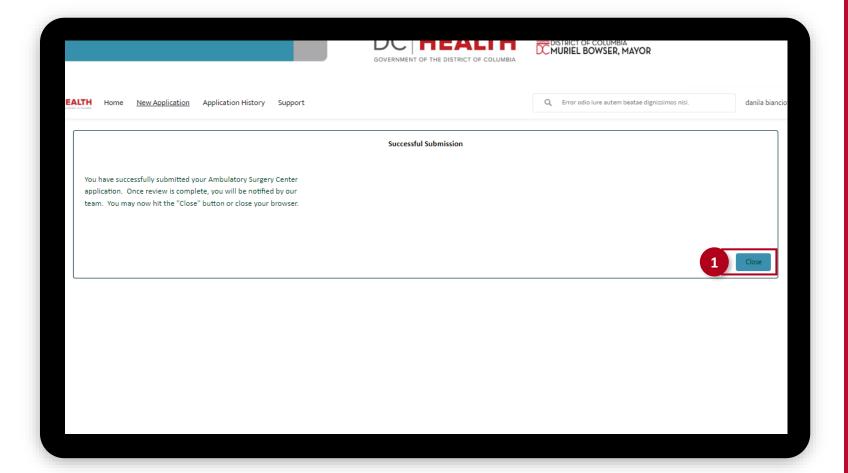
2   Click the **Submit** button.

*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

1 You have finished submitting your application. Click the **Close** button.

E-mail Confirmation

Thank you for your payment! You have successfully completed payment for an application on the Program of Facilities portal.

Transaction details:

Date and time: 10/11/2022 1:58 PM
Transaction ID: TRX-000202137
Application Type: Ambulatory Surgery Centers
Amount paid:$150.00

Need support related to this payment? Submit your question to the help desk and reference Transaction ID TRX-000202137 in your request.

Dear danila bianciotti,

You are receiving this email because we have received your application for Ambulatory Surgery Centers via the Facilities Portal. The Department of Health will review your application within 30 calendar days.

To check the continued status of your application log in to the portal: https://hrladev-doh.cs132.force.com/Facilities.

Need support? Submit your question to the help desk

DC Health Emergency Preparedness and Response Administration
Program of Emergency Medical Services
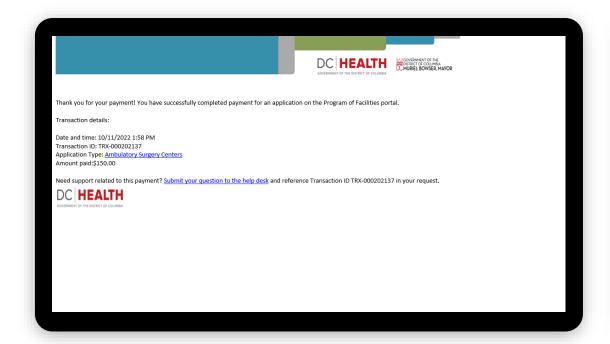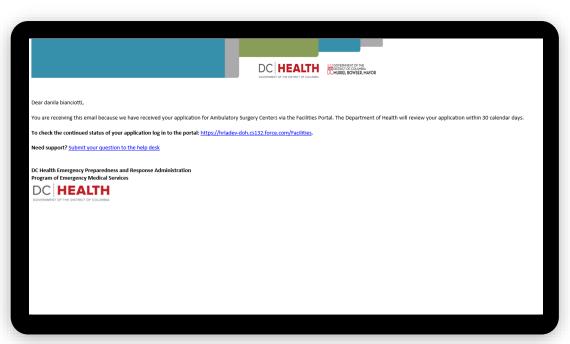
1 Check if you have received confirmation of payment.

2 Check if you have received confirmation for your application.

Thank you!

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