



**UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & BACKGROUND CHECKS
OFFICE OF LICENSING**

PO BOX 144103
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			
CONTACT PERSON		PHONE NUMBER	
SATELLITE NAME			
SATELLITE ADDRESS			
CITY	STATE	ZIP	PHONE NUMBER

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

PRINT NAME		DATE	
SIGNATURE			