

**Arizona Department of Health Services**  
**Licensing Services**  
**Medical Facilities Licensing**  
**150 N. 18th Avenue, #450, Phoenix, AZ 85007**  
**400 W. Congress Avenue, Tucson, AZ 85701**  
**Phoenix 602-364-3030; Tucson 520-628-6965**

**LICENSED CAPACITY REQUESTED**

**HOSPITAL** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Administrator** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Please indicate the licensed capacity requested for the hospital including the number of inpatient beds for each organized service, not including well-baby bassinets.**

<b>Organized Service</b>	<b>Inpatient Beds</b>
Postpartum	
LDRP	
Continuing Care Nursery	
Neonatal Intensive Care (NICU)	
Pediatric	
Pediatric Intensive Care (PICU)	
Medical-Surgical Beds	
ICU-Universal-Med/Surg Beds	
Intensive Care (ICU)	
Psychiatric	
Rehabilitation	
<b>Total</b>	

**The total number of inpatient beds must match the number on the Initial Application for a Health Care Institution License.**