PUBLIC HEALTH DIVISION
Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 305
Portland, Oregon 97232

Print form Clear form

Phone: 971-673-0540
Fax: 971-673-0556

Determination of Eligibility for Ambulatory Surgery Center Licensure

Facility name: _____

Address: _____

City: _____ State: OR ZIP: _____

Administrator name: _____

Email address: _____

According to Oregon Administrative Rule 333-076-0101(1)(a) & (b), an Ambulatory Surgery Center (ASC) is defined as:

"A facility or portion of a facility that operates exclusively for the purpose of providing surgical services to patients who do not require hospitalization and for whom the expected duration of services does not exceed 24 hours following admission. An ASC does not mean individual or group practice offices of private physicians or dentists that do not contain a distinct area used for outpatient surgical treatment on a regular and organized basis, or that only provide surgery routinely provided in a physician's or dentist's office using local anesthesia or conscious sedation; or a portion of a licensed hospital designated for outpatient surgical treatment."

Please answer the following questions:

1. Where, in your facility, do you perform outpatient surgeries/procedures? Check all that apply.
   - ☐ Surgical suite ☐ Procedure room ☐ Exam room
   - ☐ Other *(specify)*: _____
2. Is this a distinct area, specifically used for surgeries/procedures? ☐ Yes ☐ No
3. How often do you perform surgeries/procedures per week? Please estimate average total amount of surgeries/procedures.
   - _____ Total surgeries/procedures per week
   - Other *(explain)*: _____

4. Please list the types of surgeries/procedures you perform and the estimated frequency of those listed surgeries/procedures per week in the table below. If you need additional space, please list additional surgeries/procedures on a separate piece of paper and include with this form.

Types of surgeries/procedures	Estimated number per week
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

5. What type(s) of anesthesia are used for the types of surgeries/procedures listed in question four (4) above? Check all that apply.

   ☐ Local or Conscious Anesthesia
   ☐ Other Anesthesia *(specify)*: _____

6. Do you ever use general anesthesia or deep sedation during surgeries/procedures?
   ☐ Yes ☐ No

Facility Administrator: I attest, under penalties of perjury, that I have answered all the above questions to the best of my knowledge and belief; and that this information is true, correct and complete.

Administrator signature: _____ Date: ___/___/___

Print name: _____

Please mail this form to: Health Care Regulation and Quality Improvement
800 NE Oregon St. #305
Portland, OR 97232