

**APPLICATION FOR
TRANSFER OF A PERMIT OF APPROVAL**

ARKANSAS HEALTH SERVICES PERMIT COMMISSION

**ARKANSAS HEALTH SERVICES PERMIT AGENCY
MOSAIC TEMPLARS STATE TEMPLE
906 BROADWAY, SUITE 200
LITTLE ROCK, AR 72201
(501) 661-2509**

This form does not constitute a completed application. This form must be attached to:

- *a letter from the owner of the original POA. The letter should request the transfer of the POA and should identify the intended recipient of the POA.*
- *the complete application for a new nursing home, assisted living, home health, hospice, psychiatric residential treatment facility or any service governed by the POA for which there is a request to transfer the existing POA.*

I. CURRENT POA HOLDER

Name of POA Holder: _____

Address: _____

City: _____ Zip Code: _____

County: _____ Phone: _____

Number of beds authorized by the Permit of Approval _____

❖ POA transfers are required by law to provide proof of at least \$2,500 of assets to be transferred with the Permit. Please list the assets and value of assets that have been invested in the original POA and are to be transferred with this Permit.

❖ Will you need an extension on the time frames of the original POA? Yes _____ No _____
If yes, state and justify the requested time needed. This will be heard by the Commission as a separate request.

❖ If this application transfers the site location outside of the city limits of the town or city where it is currently located, please provide documentation (copies of letters) indicating that you have notified the Mayor and the County Judge of this proposed move.