



APPLICATION FOR PERMIT TO OPERATE A TISSUE BANK OR EYE BANK
INSTRUCTIONS

- I. Read carefully and complete all portions of the application. Please type.
- II. Application for permit shall be made by an officer/managing agent of the operating entity. Any changes are to be reported promptly to the address above.
- III. Permit fee, if applicable, must accompany the application. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH (No such fee shall be refunded), must clearly identify the facility which the payment is associated and be mailed to:

Financial Management - Receipting Unit
Oklahoma State Department of Health P.O.
Box 268823
Oklahoma City, OK 73126-8823

- IV. The fee for a permit to operate a **tissue bank** is one thousand dollars (\$1000.00).
- V. No fee is required for a permit to operate an "**existing eye bank**" as defined at OAC 310:505-1-3. The fee for a permit to operate a "**new eye bank**" as defined at OAC 310:505-1-3 is one quarter of one percent (0.25%) of the capital cost of the proposed eye bank, with a minimum fee of five hundred dollars (\$500.00).

TYPE OF INSTITUTION & PERMIT (check one):	FEES	
	<input type="checkbox"/> Tissue Bank	Tissue Bank Permit Fee
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	Initial Eye Bank Permit Fee (see above)	\$ _____.00
<input type="checkbox"/> Eye Bank	TOTAL FEES:	\$ _____.00
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application		

Permit No. _____

1. **OPERATING ENTITY (Legal Name):** _____

Doing Business as Name (DBA): _____

Tel. No. () _____ - _____ Fax No. () _____ - _____

2. **Finding Address:** _____

(Number)

(Street)

(City)

(State)

(Zip)

4. **Mailing Address** _____

(Number)

(Street)

(City)

(State)

(Zip)

5. **Name of Medical Director:** _____

6. ADDITIONAL INFORMATION REQUIRED FROM EYE BANKS

A. All applicants for a permit to operate an eye bank shall submit the following information as an attachment:

- (1) Evidence of accreditation by the Eye Bank Association of American (EBAA) or another nationally recognized accreditation organization for eye banks approved by the Commissioner;
- (2) The name of the Medical Director and evidence that he or she is currently licensed to practice medicine in Oklahoma; and
- (3) The names and credentials of all technical operations personnel who meet the requirements of OAC 310:505-7-7, including evidence of current certification by the EBAA or another nationally recognized accrediting or certifying organization for eye banks and personnel approved by the Commissioner.

B. Applicants for a permit to operate a new eye bank shall also submit the following information as an attachment:

- (1) A map or narrative description which identifies the proposed service area;
- (2) A description of the eye and eye tissue needs in the proposed service area;
- (3) An explanation of the probable impact of the new eye bank on existing eye banks providing services in the proposed service area;

7. ADDITIONAL INFORMATION REQUIRED FROM TISSUE BANKS

A. All applicants for a permit to operate a tissue bank shall submit the following information as an attachment:

- (1) Evidence of accreditation by the American Association of Tissue Banks (AATB) or another nationally recognized accreditation organization for tissue agencies approved by the Commissioner;
- (2) The name of the Medical Director and evidence that he or she is currently licensed to practice medicine in Oklahoma; and
- (3) The names and credentials of all technical operations personnel who meet the requirements of OAC 310:505-5-7, including evidence of current certification by the AATB or another nationally recognized accrediting or certifying organization for tissue agencies and personnel approved by the Commissioner.

B. Applicants for a permit to operate a new tissue bank shall also submit the following information as an attachment:

- (1) A map or narrative description which identifies the proposed service area;
- (2) A description of the tissue transplantation needs in the proposed service area;
- (3) An explanation of the probable impact of the new tissue bank on existing tissue banks providing services in the proposed service area;

The undersigned hereby makes application for license to operate a tissue bank or eye bank subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the State Board of Health:

8. SIGNATURE OF APPLICANT: Signature: _____
(Officer/Managing Agent of
Operating Entity)

Printed Name: _____

Title or Position: _____

Email Address: _____

Date: _____