

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



Rick Scott  
Governor

John H. Armstrong, MD, FACS  
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

## Area of Critical Need Facility Designation Request Application

(Please complete an individual form for each clinic site location requested)

**PLEASE TYPE OR PRINT CLEARLY**

<b><u>I. Contact Information:</u></b>		
Name, Last:	First:	Middle:
Email Address:	Telephone Number:	
<b><u>II. Clinic Site Information:</u></b>		
Name of Practice:		
Business Name:		
Owner Name and Title:		
Please check one: Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>		
Email Address:	Telephone Number:	
Physical Street Address:		
City:	Zip:	County:
Type of Medical Practice:		
<b>For Department Use Only:</b>		
Date Request Received:		
In a HPSA: Yes <input type="checkbox"/> No: <input type="checkbox"/> Application Status: In process: <input type="checkbox"/> In Review: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Business License Submitted <input type="checkbox"/>		
Date of Approval or Denial:	Comments:	

**Please submit application electronically to:** [volunteers@flhealth.gov](mailto:volunteers@flhealth.gov)

Florida Department of Health  
Division of Public Health Statistics & Performance Management • Bureau of  
Community Health Resources • Health Resources and Access Section  
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