FACILITY CLOSURE

To close your facility, submit the following information and/or documentation:

A letter on your facility’s letterhead to include the following:

1. The facility’s certificate number. The number is located on the facility’s certificate of registration.

2. The facility’s name, complete address, city, state and zip code.

3. Effective date of closure.

4. Signature of manager or owner on the letter (the name must be on record with the Department).

5. Return the facility’s certificate of registration with the closure letter.

Once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter to the facility.

Submit change request to:

Darlene Earls
Program Director
Indiana State Department of Health
Acute Care Division
2 N Meridian St., Section 4A 07
Indianapolis, IN 46204