



Instructions for Application for Temporary Health Care Services Agency Registration

Specific Instructions

The application for Temporary Health Care Service Agency (THCSA) registration must be completed by any legal entity that shall establish, maintain, operate or hold itself out as authorized to establish, maintain or operate a THCSA facility within the Commonwealth of Pennsylvania. (Act No.128 of 2022)

This application for registration cannot be handwritten. The application for registration and its supporting documents and check must be mailed to Temporary Health Care Service Agency (THCSA), 2525 North 7th Street, Suite 210, Harrisburg, PA 17110.

DEFINITION OF APPLICATION TERMS:

For Commonwealth use only: This section is completed by the Bureau of Non-Long-Term Care staff.

Registration Status: Initial registration is checked for a THCSA facility's first registration. Annual renewal is used for a previously registered THCSA facility that is renewing its annual registration. Change of registration information is used to report a change in facility information. A change of ownership is considered the same as an initial registration.

Payment of Registration Fee: The fee is \$500 to register as a THCSA. Check or money order must be submitted with the application and supporting documentation on page 2 of application. Check must have PA Tax ID, Out of State Tax ID, or Federal EIN in memo of check.

Department of Health Assigned Facility ID: This number is assigned by Department after initial application for registration is approved. This number will be on the Department certificate.

FACILITY INFORMATION

Name of THCSA Entity: The name of the THCSA facility (trade name, DBA, fictitious business name).

Assigned Facility DOH ID: This number is assigned by the Department.

Telephone Number: Publicly listed number that is intended for use by the general public.



Street Address: The THCSA facility’s physical location address. No PO Box.

County, City, Municipality, State and Zip Code: Geographical location where the facility being registered is located.

Email Address: Email that the facility uses to communicate with the public.

Mailing Address (if different): If the THCSA facility mailing address is different, please list the current mailing address here. May use PO Box.

FACILITY OWNERSHIP

Name of Owner: Name of owner/legal entity that owns the THCSA facility. *Attach additional primary owners to this application.*

Telephone Number: The owner/legal entity’s phone number that is used for official business communications and contact.

Email Address: The email of the owner/legal entity that owns the THCSA facility.

Street Address: The owner/legal entity’s address used for business communications.

Mailing Address (if different): If the owner/legal entity’s mailing address is different, list the current mailing address here.

FACILITY CONTACTS

Name of Contact Person for Registration 1: The listed person will be the Department's contact for registration related matters.

Name of Contact Person for Registration 2: The listed person will be the Department's alternate contact for registration related matters. Unique name from contact 1 and owner/legal entity.

Contact Telephone Number 1: Phone number where the legal entity’s contact person can be reached. Unique number from owner/legal entity.

Contact Telephone Number 2: Phone number where the legal entity’s alternate contact can be reached. Unique number from contact 1 and owner/legal entity.

Contact Email Address 1: Email address that the Department may use to communicate with the contact person regarding registration requirements.



Contact Email Address 2: Email address that the Department may communicate with the legal entity's contact person regarding registration requirements. Unique from legal entity and contact 1 email.

Street Address: The location of the contact person for the THCSA facility.

Mailing Address (if different): If the contact person's mailing address is different, please list the current mailing address here.

TAX IDENTIFICATION

Federal EIN: Federal employment identification number of the legal entity that owns the THCSA facility.

PA Tax ID (or Out of State ID): Pennsylvania employment identification number of the legal entity that owns the THCSA facility.

ADDITIONAL PRIMARY LOCATIONS

List the address and telephone number for every g (i.e., an address used by the agency for 90 calendar days or more to interview applicants, accept applications, or to solicit job orders from client companies). *If there are additional primary locations, please attach to this application.*

In addition to this completed form, the applicant shall provide the following required documents to the Department for review:

1. Copy of Medical malpractice insurance of not less than \$500,000 to insure against loss, damages or expenses incident to a claim arising out of the death or injury of any individual as the result of negligence or malpractice in the provision of health care services by the temporary health care services agency or an employee, agent or contractor of the temporary health care services agency.
2. Carry for each employee a dishonesty bond in the amount of \$10,000. (Commercial Crime Insurance not accepted. See [Interpretive Guidelines](#)).
3. Maintain insurance coverage for workers' compensation for all health care personnel provided or procured by the temporary health care services agency.
4. If the owner is a corporation, copies of the articles of incorporation or articles of association and current bylaws, together with the names and addresses of officers and directors.



CERTIFICATION BY APPLICANT:

Name of Applicant (Print): The printed name of the applicant.

Title: The applicant's title who is applying for registration with the Department.

Signature of applicant: Physical signature of the applicant who is the legal representative of the legal entity applying for registration with the Department.

Date: Date the application for registration was physically signed by the applicant.

Questions?

Contact the Bureau of Non-Long-Term Care for professional questions at dh-qatempagency@pa.gov.