



REGISTERING A PAIN MANAGEMENT CLINIC IN POLK COUNTY

Building and Codes Division

330 W. Church St.
P.O. Box 9005, Drawer CS03
Bartow, FL 33831-9005
(863)534-6054
Fax 863-534-6073

If you are required to have a Pain Management Clinic license in Polk County, please carefully read and follow the application instructions below. Polk County's Pain Management Clinic Ordinance No. 10-068 applies to certain pain management clinics that operate in unincorporated Polk County.

Pain Management Clinic Ordinance – Read “Pain Management Clinic Ordinance” No.10-068, to determine if your clinic must be licensed. If a license is required, it is highly recommended the property owner and applicant, as well as all persons associated with the management or operation of the clinic, read Polk County Ordinance No.10-068, thoroughly and entirely to understand all requirements for obtaining and maintaining a license.

Complete Polk County Application – The clinic owner or person authorized by the owner must accurately complete an application which must be received by the Building and Codes Division, Code Enforcement Unit office no later than October 15, 2010.

Florida Department of Health Registration Number – If the clinic is required to be registered in accordance with state law, the registration number from the Florida Department of Health must be submitted with the state application as part of registering with Polk County. To verify if your clinic is required to register with the Florida Department of Health, please contact the Department of Health at (850) 245-4131.

Application Fees – Each application for a pain management clinic license shall be accompanied by a nonrefundable application fee in the amount of \$1,500.00. The application fee is in addition to the \$1,500.00 annual license fee required if the license is issued. Checks/money orders are to be made payable to Polk County Board of County Commissioners (B0CC). Cash and credit cards will NOT be accepted. If the application is submitted without the application fee, the application will be denied. If the payment of the application fee or license fee is invalid or uncollectible for any reason, the application will be denied. In addition the Pain Management Clinic's application must also include the costs for the national and Florida criminal history record check fees charged by the Florida Department of Law Enforcement for each person listed in Section 6 paragraphs 4 and 5 of Polk County Ordinance No. 10-068.

Designation of Physician – The clinic will be responsible for the designation of a physician who will be responsible for complying with all requirements related to the registration and operation of the clinic. The responsible physician must have a full, active, and unencumbered license under Florida Statutes Chapters 456 or 459 and must practice at the clinic location for which the physician has assumed responsibility. Within ten (10) days after termination or absence of a designated physician, the clinic must notify the Building and Codes Division, Code Enforcement Unit office of the identity of another designated qualified physician for the clinic or forfeit the clinic's license.

Business Tax Receipt – Each clinic is required to obtain and maintain a current Business Tax Receipt pursuant to Florida Statutes Chapter 205. The Business Tax Receipt is issued by the Polk County Tax Collector and must be dated prior to October 15, 2010, and annually thereafter. A copy must be included with the application.

Proof of Operation before October 15, 2010 - the applicant must provide proof, satisfactory to the Polk County Building and Codes Division, Code Enforcement Unit, that the clinic is or has been actively conducting business in Polk County as a pain management clinic at the registered location for which the applicant is seeking a Polk County license prior to and up through October 15, 2010.

List of Employees – The applicant must submit a list of all persons associated with the management or operation of the clinic, whether paid or unpaid, part time or full time, including all contract labor and independent contractors. This list includes, but is not limited to all owners, operators, employees and volunteers. For the persons listed, the following information must be provided:

- The person's title
- A current home address, telephone number and date of birth
- A list of all criminal convictions whether misdemeanor or felony
- A copy of a current Florida driver's license or a government issued photo I.D.
- A set of fingerprints which can be obtained from your local Sheriff's office.

Property Owner – If the property owner is different than the clinic owner, the applicant must submit the property owner's name, address, telephone number, and a copy of the owner's Florida driver's license or a government issued photo I.D.

Floor Plan – The applicant must include with the application, a floor plan of the pain management clinic showing the location and size of the waiting area, location and size of the patient rooms and location of any type of diagnostic equipment. In addition, if any controlled substances are dispensed at the site or are stored at the site, the location and method of security for said controlled substances must be declared on the floor plan.

Hours of Operation – The hours of operation of the pain management clinic are limited to 9:00 am to 7:00 pm, Monday – Friday, and 9:00 am to 5:00 pm, on Saturday. Clinics are NOT permitted to operate on Sundays.

Inspections – any time the clinic is open or occupied, the clinic must allow for inspections by a code investigator, law officer, or any other person authorized to enforce ordinance violations in Polk County. Failure to do so will result in license denial or revocation.

Sworn and Notarized Statement – The applicant must provide a sworn and notarized statement from both the designated physician and the clinic owner attesting to the veracity and accuracy of the information provided in the application.

The applicant is responsible for submitting all of the required information and a completed application to the Polk County Building and Codes Division, Code Enforcement Unit, 330 W. Church Street, Bartow, Florida, 33830. If the application for a pain management license is not properly completed, at the sole discretion of the Building and Codes Division, Code Enforcement Unit, the Unit shall notify the designated contact person listed in the application. A corrected or revised application must be received by the Division within fifteen (15) days of the receipt of the deficiency notice from the Unit in order to avoid assessment of another application fee. Failure to timely respond within fifteen (15) days shall result in the denial of the application as incomplete. A new application must then be submitted no later than October 15, 2010, and accompanied by the full nonrefundable application fee in order to apply for the license.