

Directions for the completion of the Online Civil Rights Survey Form.

The Civil Rights Survey Form will be completed and submitted in conjunction with the facility's renewal Licensure Application.

The information entered on the Civil Rights Survey Form will be reviewed during the review of the licensure application and during the annual licensure survey.

To complete the Civil Rights Survey Form enter the online Licensing Program.

The screenshot shows the login page for the Pennsylvania Department of Health's POC/Online Licensing program. The page features the Pennsylvania Department of Health logo on the left and the title "POC/Online Licensing - Login Page" on the right. Below the title, there are two input fields for "Login ID" and "Password". Underneath these fields are two buttons: "Login" and "Change Password". A red link labeled "Forget Your Password or Disabled Account?" is positioned below the buttons. At the bottom of the login area, there is a dropdown menu currently set to "ALL" and a "Message Board" button. A note at the bottom of the page states: "Please note: Passwords must be changed every 60 days. Accounts that are inactive for 180 consecutive days will be disabled. If your account has been disabled, please contact the appropriate Department of Health office to get your account activated." At the very bottom, there are several links for "POC Instructions (NCF)", "POC Instructions (non-NCF)", "POC Instructions (D/A)", "POC Instructions (ADC/ALR)", and "ONL Manuals". The footer contains the copyright information: "Copyright @ 2006 Commonwealth of Pennsylvania. All Rights Reserved. Commonwealth of PA Privacy Statement".

Enter you login and password.

Select the Online Licensing button.

Logout

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Pennsylvania Department of Health
POC/Online Licensing - Select the WEB

[POC](#) [Online Licensing](#)

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Select the Launch Application on the Renewal Application line.

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Pennsylvania Department of Health
Online Licensing - Main View

Facility ID: [redacted] License #: [redacted] Medicare No:

Application Type	Application Status	License Effective	License Expires	License Type	License Status	Action
Renewal Application	Open	04/30/2016	04/30/2017	Regular	Active	Launch Application Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	04/30/2015	04/30/2016	Regular	Active	Launch Application Submit Payment - N/A Print License View History
Renewal Application	Closed	04/30/2014	04/30/2015	Regular	Active	Launch Application Submit Payment - N/A Print License - N/A View History

Complete the Online Licensing Application.

At the very bottom of the application there is an area for Additional Required Forms. Click on the link to the Civil Rights Survey.

The screenshot shows a web application interface. At the top, there is a file upload area with a 'Browse...' button and an 'Attach' button. Below this, a 'Payment:' section states that a \$250.00 licensure fee is required and provides a link for 'Payment Information'. A required field is indicated by an asterisk, asking the user to select a payment method: 'By credit/debit card' and 'By check/money order', both with unchecked checkboxes. A blue arrow points to a link labeled 'Civil Rights Survey' under the heading 'Additional Required Forms'. At the bottom, there are two buttons: 'Save' and 'Submit to Pennsylvania Department of Health'. A copyright notice for 2006 is visible at the very bottom of the page.

Browse...

Attach

Payment:
A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for [Payment Information](#).

*Please, select payment method:

By credit/debit card
 By check/money order

Additional Required Forms
[Civil Rights Survey](#)

Save Submit to Pennsylvania Department of Health

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The Online Civil Rights Survey Form will open.

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Pennsylvania Department of Health
License Application - Civil Rights Survey

Facility ID: License #: Medicare No:

NOTE: The word "discrimination" as used throughout this document shall be understood to mean "discrimination on the basis of race, color, national origin, ancestry, religious creed, sex, age or handicap" as used in Title IV of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act of 1955, as amended, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

I. **BOARD:**

A. Describe the method used to orient the Board to Civil Rights Compliance requirements.

B. Complete the information on Chart 1 of the Attachment concerning Board Members.

II. **NONDISCRIMINATORY POLICY:**

A. Is a nondiscrimination policy, which states services are provided and admissions and referrals are made without regard to race, sex, color, national origin, ancestry, religious creed, handicap, or age, posted conspicuously in the facility?

Yes - If yes, indicate where postings are located.

No - If no, state basis or what corrective steps will be taken.

Complete the Civil Rights Survey Form, attaching documents and forms as indicated.

To attach forms, select the Browse button located under the section of the Civil Rights Survey Form requiring the submission of a form.

CHART 1 - BOARD
Attach file for Board with its content entered in the following format.

Board Member	Race	Sex	Handicapped	Group Represented by member (if any)	Date Term Expires
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Attach Browse...

Locate the specified form on your computer and select Open. The name of the form will appear in the shaded box located to the left of the Browse button.

CHART 1 - BOARD
Attach file for Board with its content entered in the following format.

Board Member	Race	Sex	Handicapped	Group Represented by member (if any)	Date Term Expires
--------------	------	-----	-------------	--------------------------------------	-------------------

C:\Users\malsinger\Desktop\Chart 1 - Board. Browse...

Attach

If this is the correct form to attach click the Attach button. The name of the form will now appear grayed out and the Browse button will disappear.

CHART 1 - BOARD
Attach file for Board with its content entered in the following format.

Board Member	Race	Sex	Handicapped	Group Represented by member (if any)	Date Term Expires
(Chart 1 - Board.docx)					
Remove Attachment			View Attachment		

CHART 2 - CURRENT PATIENT/RESIDENT CENSUS

If you need to view or remove this form simply select the appropriate button.

CHART 1 - BOARD
Attach file for Board with its content entered in the following format.

Board Member	Race	Sex	Handicapped	Group Represented by member (if any)	Date Term Expires
(Chart 1 - Board.docx)					
Remove Attachment			View Attachment		

CHART 2 - CURRENT PATIENT/RESIDENT CENSUS

The Civil Rights Survey Form can be printed by selecting the Print Form Version button, at the very bottom of the page.

CHART 6 - TRAINING
Attach file for Training with its content entered in the following format.

TYPE OF TRAINING	TOTAL		BLACK		HISPANIC		WHITE		AMER. INDIAN OR ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER	
	M	F	M	F	M	F	M	F	M	F	M	F
(Chart 6 - Training.docx)												
Browse...												Attach
Print Form Version												
Save						Return to Main Application View						

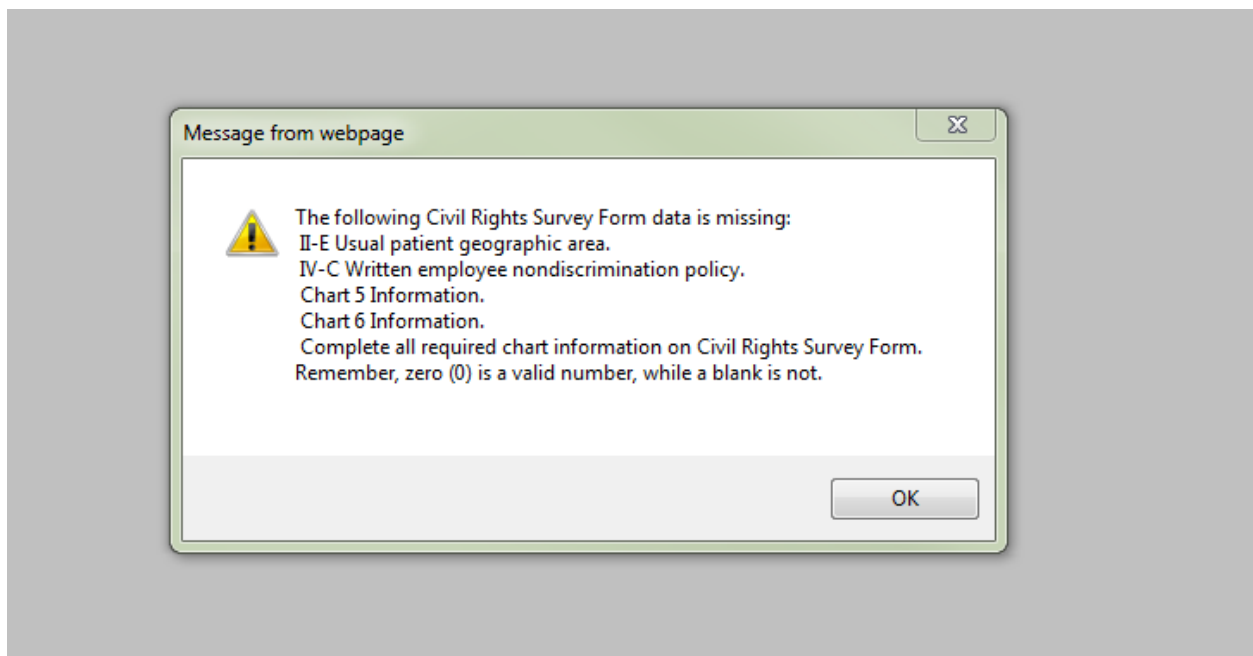
Remember to save your work frequently by clicking the Save button at the end of the form, closing the form without saving will result in the loss of your information.

Attach file for Training with its content entered in the following format.

TYPE OF TRAINING	TOTAL		BLACK		HISPANIC		WHITE		AMER. INDIAN OR ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER	
	M	F	M	F	M	F	M	F	M	F	M	F

[Print Form Version](#)

The License Application can not be submitted to the Pennsylvania Department of Health until the Civil Rights Survey Form is completed. An error message similar to the one below will be displayed indicating the information that is required to complete the application.



Clicking the OK button will return you to the Online Licensing page. You can return to the Civil Rights Survey Form page by selecting Civil Rights Survey link in the Additional Required Forms box at the bottom of the page.