

<b>COLUMN NAME</b>	<b>DESCRIPTION</b>
Facility ID	Site specific facility identification number
Facility Name	Current facility name
Short Description	Abbreviated name for type of facility
Description	Type of facility
Facility Open Date	Date facility opened
Address 1	Address Line 1 of facility
Address 2	Address Line 2 of facility (if applicable)
City	City of facility
State	State of facility (always New York State)
Facility Zip Code	Zip Code of facility
Facility Phone Number	Phone Number of facility
Facility Fax Number	Fax Number of facility
Facility Website	Website of Facility
Facility County Code	Gazetteer Code for County facility is located in
Facility County Name	County where facility is located
Regional Office ID	Identification number of NYSDOH Regional Office
Regional Office	Name of NYSDOH Regional Office for facility
Main Site Name	Name of facility's main site, if facility is an extension clinic
Main Site Facility ID	Facility identification number of main site, if facility is an extension clinic
Operating Certificate Number	Operating Certificate number for facility
Operator Name	Name of the current operator of facility
Operator Address 1	Address Line 1 of the current operator
Operator Address 2	Address Line 2 of the current operator (if applicable)
Operator City	City of current operator
Operator State	State of current operator
Operator Zip Code	Zip Code of current operator
Cooperator Name	Name of current cooperator (if applicable)
Cooperator Address 1	Address Line 1 of current cooperator (if applicable)
Cooperator Address 2	Address Line 2 of current cooperator (if applicable)
Cooperator County	City of current cooperator (if applicable)
Cooperator State	State of current cooperator (if applicable)
Cooperator Zip Code	Zip Code of current cooperator (if applicable)
Ownership Type	Facility ownership type
Latitude	System for representing healthcare facilities on map. Geo-coded to mailing address
Longitude	System for representing healthcare facilities on map. Geo-coded to mailing address