STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

LICENSE APPLICATION

☐ **INITIAL LICENSE** ☐ **CHANGE OF NAME: (OLD NAME):** _____

☐ **BED INCREASE** ☐ **CHANGE OF ADMINISTRATOR** ☐ **OTHER:** _____

☐ **CHANGE OF LOCATION:** (OLD ADDRESS): _____

☐ **CHANGE OF OWNERSHIP (indicate date of the change of ownership):** _____
(A change of ownership application must be filed immediately (NAC 449.0114(5)). Change of ownership applications must be complete no more than 45 days after the change occurs. *(Initial Fees – refer to fee schedule)*

THE ENTITY'S D.B.A. NAME _____
(D.B.A. = Doing Business As)

NEVADA BUSINESS ID NUMBER ____ **NV** _____
(Located on your business license; the number will be in this format: NV20081108670)

STREET ADDRESS _____
(Physical location of the entity's operation)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____

THE ENTITY'S MAILING ADDRESS _____
(If different from above)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

OWNER OF THE ENTITY (Applicant/Licensee – Name of Sole Proprietor, Limited Liability Company name or Corporation name) _____

If owner is a natural person, **IS THE OWNER 21 YEARS OR OLDER?** ☐ **YES** ☐ **NO** (NRS 449.040(1))

ADDRESS _____
(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____ **EMAIL** _____

FOR ALL PARTNERSHIPS AND CORPORATIONS: **LIST EACH PARTNER, OFFICER AND DIRECTOR AND PERSON HAVING A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE ENTITY OF 10% OR MORE: (Please add an additional page if needed)**

_____

_____

ADMINISTRATOR/DIRECTOR _____

ADMINISTRATOR/PRIMARY CONTACT EMAIL ADDRESS: _____

_____

STATUTORY TYPE _____
(Select from attached list of statutory types)

NUMBER OF BEDS (If applicable) _____ (For Adult Day Care indicate the number of clients to be served)

SERVICES TO BE PROVIDED (Only Home Health Agencies must specify services below)

_____

_____

OWNER OF REAL PROPERTY (Landlord/Leasing Agency) _____

OWNER'S ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

_____

Nevada Revised Statute 449.210 requires licensure of medical facilities and facilities for the dependent. **Nevada Administrative Code 449.013 and 449.016 authorize non-refundable fees (See Attached Fee Schedule). An application is valid for one year after the date on which the application is submitted.** The application must be typed or filled out in ink. The application will not be considered complete until all required attachments are received. See the attached instruction sheet for the required attachments.
Return your completed application to:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH,
BUREAU OF HEALTH CARE QUALITY & COMPLIANCE.
727 Fairview Drive
Suite E
Carson City, NV 89701
775-684-1030

Check Only One Box: **If no selection is made, notices may be sent through email.**

- ☐ I prefer to receive notices through email.
- ☐ I prefer to receive notices through the U.S. Mail.

Due to the high cost of mailings and the desire to keep licensure fees down, notices may not be physically mailed to your facility or agency unless you note above that you prefer to receive notices through the U.S. mail.

I HAVE READ THE FOREGOING QUESTIONS AND ANSWERED EACH AS INDICATED. THE ANSWERS ARE TRUE AND A COMPLETE REPRESENTATION TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS PERTAINING TO THE SPECIFIC STATUTORY TYPE OF ENTITY FOR WHICH THIS LICENSURE APPLICATION IS HEREIN MADE. I AUTHORIZE RELEASE OF SUCH INFORMATION AS MAY PERTAIN TO THE PURPOSE OF THIS APPLICATION.

SIGNATURE OF REPRESENTATIVE OR OWNER _____ **DATE** _____

PRINTED NAME OF REPRESENTATIVE OR OWNER _____

TITLE OF PERSON SIGNING APPLICATION _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ **DAY OF** _____ **20** _____

NOTARY PUBLIC SIGNATURE _____ **IN AND FOR THE**

COUNTY OF _____**, STATE OF NEVADA.**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH MEDICAL FACILITIES FEE SCHEDULE

*If your facility will contain beds, multiply the number of proposed beds against the Per Bed Initial Fee found in Column B and then add the Initial Application Fee in Column A for the total due. For example, if you want a 15 bed facility for skilled nursing, your total would be 15 beds X $108 = $1620 + $2252 = $3872 **If your facility/agency does not contain beds, your Initial Application Fee can be found in Column A.	A	B		
Facility Type	**Initial Application Fee** (NAC 449.016(1))	**Per Bed/Station Initial Fee**	**Renewal Application Fee** (NAC 449.016(2))	**Per Bed Renewal Fee**
Facility for skilled nursing (NRS 449.449.0039)	$2,252.00	$108.00	$1,126.00	$54.00
Hospital (NRS 449.012)	$14,606.00	$110.00	$7,303.00	$55.00
Rural hospital (NRS 449.0177)	$9,530.00	$62.00	$4,765.00	$31.00
Facility for intermediate care - for persons with mental retardation (NRS 449.0038)	$2,018.00	$280.00	$1,009.00	$140.00
Facility for the treatment of Psychiatric care (LCB file R046-14, Section 36)	$9,530.00	$62.00	$4,765.00	$31.00
Facility for intermediate care (NRS 449.0038)	$946.00	$72.00	$473.00	$46.00
Residential Facility for Groups (NRS 449.017)	$2,386.00	$200.00	$1,193.00	$100.00
Low Income Beds	$2,386.00	$35.00	$1,193.00	$35.00
Facility for the treatment of abuse of alcohol or drugs (NRS 449.00455)	$782.00	$190.00	$391.00	$95.00
Facility for hospice care (NRS 449.0033)	$3,988.00	$352.00	$1,994.00	$176.00
Home for individual residential care (NRS 449.0105)	$1,764.00	$184.00	$500.00	$92.00
Facility for modified medical detoxification (NRS 449.00385)	$9,960.00	$494.00	$4,980.00	$247.00
Community triage center (NRS 449.0031)	$782.00	$136.00	$391.00	$68.00
Facility for the treatment of irreversible renal disease (NRS 449.0046)	$4,178.00	$120.00	$2,089.00	$60.00
Halfway house for recovering alcohol and drug abusers (NRS 449.008)	$2,800.00	$368.00	$1,400.00	$184.00
Facility for transitional living for released offenders (NRS 449.0055)	$3,990.00	$146.00	$1995.00	$73.00

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH MEDICAL FACILITIES FEE SCHEDULE

Surgical center for ambulatory patients (NRS 449.019)	$9,784.00		$4,892.00	
Agency to provide nursing in the home – home office or subunit agency (NRS 449.0015)	$5,168.00		$2,584.00	
Agency to provide nursing in the home – branch office (NRS 449.0015)	$5,358.00		$2,679.00	
Facility for the care of adults during the day (NRS 449.004) 50 or fewer 51 or more	 $1,164.00 $1,753.00		 $814.00 $1,227.00	
Rural clinic (NRS 449.0175)	$4,058.00		$2029.00	
Obstetric center (NRS 449.0155)	$1,564.00		$782.00	
Hospice care -program (NRS 449.0115)	$7,054.00		$3,527.00	
Independent center for emergency medical care (NRS449.013)	$4,060.00		$2,030.00	
Nursing pool (NRS 449.0153)	$4,602.00		$2,301.00	
Facility for treatment with narcotics (pursuant to NRS 449.038)	$5,046.00		$2,523.00	
Medication unit - of narcotic treatment center (pursuant to NRS 449.038)	$1,200.00		$600.00	
Businesses that provide referrals to residential facilities for groups (NRS 449.0305)	$2,708.00		$1,354.00	
Facility for refractive surgery (NRS 449.00387)	$6,700.00		$3,350.00	
Mobile unit (NRS 449.01515)	$2,090.00		$1,045.00	
Agency to provide personal care services in the home (NRS 449.0021)	$1,374.00		$687.00	
Intermediary Service Organization (ISO) (NRS 449.4308) (NAC 449.39511)	$2,748.00		$1,374.00	
Outpatient Facilities - permit for sedation/general Prisons (NAC 449.0169)	$3,570.00		$1,785.00	
Prisons (NAC 449.0169)			$3,266.00 per inspection period	

STATUTORY TYPES

Nevada Revised Statutes require licensure for the following types of entities. Please select the type of entity you wish to obtain a license for, and fill in the required blank on the license application.

- ☐ FACILITY FOR THE CARE OF ADULTS DURING THE DAY (ADC)
- ☐ RESIDENTIAL FACILITY FOR GROUPS (Complete Attachment) (AGC,AGR, AGZ)
- ☐ BUSINESS THAT PROVIDES REFERRALS TO RESIDENTIAL FACILITIES FOR GROUPS (BPR)
- ☐ HOME FOR INDIVIDUAL RESIDENTIAL CARE (HIC)
- ☐ HOSPITAL (Select One or More of the Following) (HOS)
  - ☐ MEDICAL
  - ☐ SURGICAL
  - ☐ OBSTETRICAL
  - ☐ PSYCHIATRIC
  - ☐ GENERAL (Must offer services in medical, surgical and obstetric categories as a minimum)
- ☐ PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES(PRT)
- ☐ RURAL HOSPITAL (RUH)
- ☐ FACILITY FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE (ESR)
- ☐ PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES(PRT)
- ☐ FACILITY FOR SKILLED NURSING (SNF)
- ☐ OBSTETRIC CENTER (OBC)
- ☐ FACILITY FOR HOSPICE CARE (HFS)
- ☐ HOSPICE CARE – PROGRAM OF CARE (HPC)
- ☐ FACILITY FOR INTERMEDIATE CARE (ICF)
- ☐ INTERMEDIATE CARE FOR MR OR PERSONS WITH DEVELOPMENTAL DISABILITIES (IMR)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HHA) (Home Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HBR) (Branch Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HSB) (Sub Unit)
- ☐ NURSING POOL (NSP)
- ☐ AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME (PCA/PCS)
- ☐ INTERMEDIARY SERVICE ORGANIZATION (ISO)
- ☐ COMMUNITY TRIAGE CENTER (CTC)
- ☐ FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS (ADA)
- ☐ FACILITY FOR MODIFIED MEDICAL DETOXIFICATION (MDX)
- ☐ HALFWAY HOUSE FOR RECOVERING ALCOHOL AND DRUG ABUSERS (HWH)
- ☐ FACILITY FOR TRANSITIONAL LIVING FOR RELEASED OFFENDERS (TLF)
- ☐ INDEPENDENT CENTER FOR EMERGENCY MEDICAL CARE (ICE)
- ☐ FACILITY FOR REFRACTIVE SURGERY (LSK)
- ☐ RURAL CLINIC (RHC)
- ☐ SURGICAL CENTER FOR AMBULATORY PATIENTS (ASC)
- ☐ MOBILE UNIT (MBU) (Mobile Units must also complete the Mobile Unit Application Attachment)

The following entities/programs are licensed pursuant to NRS 449.038:

- ☐ NARCOTIC TREATMENT CENTER (NTC)
- ☐ NARCOTIC TREATMENT CENTER (MED) (Medication Unit)
- ☐ OUTPATIENT FACILITY (OPF)

INSTRUCTIONS FOR LICENSE APPLICATION
TO CHANGE AN EXISTING LICENSE

ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

STATUS	FEE	ATTACHMENTS
CHANGE OF ADMINISTRATOR	$250.00	_____ Administrator's license (AGC, ICF, and SNF only) _____ Administrator's Resume _____ 3 Signed Letters of Reference _____ Appointment Letter from Governing Body/Owner with Effective Date _____ Evidence the Administrator is over 21 (PCA, HIC, HWH, TLF, ADC and ASC only) _____ Evidence of a High School Diploma or Equivalence (PCA, HIC and ADC only) _____ RN License or MD License, Healthcare Bachelor's Degree or 1 yr of Supervisory Experience in a Health Care Setting (NSP, HHA, & ASC)
FACILITY CHANGE OF NAME	$250.00	_____ Amended Articles of Incorporation or Organization (if applicable) _____ Amended Bylaws or Operating Agreement (if applicable) _____ Amended Certificate of Insurance _____ Amended Business License _____ Letter with effective date of change _____ Amended Lease Agreement _____ Fictitious Firm Name Form (if applicable) _____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)
CHANGE OF LOCATION **All facility types must file an application in order to change locations per NRS 449.080(2)** ---------- **Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging location changes per NAC 449.0168** **Fee Exceptions: for change of the suite only for HHA Parent, BPR, HPC, NSP and PCA per HCQC policy**	INITIAL FEES APPLY REFER TO SCHEDULE ---------- All Exceptions $250	_____ Floor Plan with Dimensions _____ Amended Certificate of Insurance _____ Amended Business License _____ New Lease Agreement _____ Letter with effective date of change _____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) _____ 8 X 11 photograph of the facility or agency

INSTRUCTIONS FOR LICENSE APPLICATION
TO CHANGE AN EXISTING LICENSE

ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

STATUS	FEE	ATTACHMENTS
BED INCREASE **BED DECREASE**	$250.00 Plus Bed Fee (see schedule for bed fee) $250.00	_____Floor Plan with Dimensions of Affected Beds _____Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) _____Group Care Endorsement Form (AGC only) _____Hospital Bed Count Form (HOS only)
DIALYSIS STATION INCREASE	$250	- The facility must apply, at least 30 days before the proposed date, submit an application, fee and a proposed station increase letter. _____Provide letter of attestation that there are staff to accommodate the increase in stations. _____Provide letter of attestation that the water treatment system is safe for the proposed increase in stations.
CHANGE OF OWNERSHIP	INITIAL FEES APPLY REFER TO SCHEDULE	- A change of ownership application must be filed immediately (NAC 449.0114(5). - Change of ownership applications must be completed no more than 45 days after the change occurs. - Please refer to the specific facility checklist found on the Health Facilities "Forms" page for the documents that must accompany the application. - Renewal fees are still due regardless of a Change of Ownership application being submitted towards the end of the year.
ENDORSEMENT CHANGE FOR AGC ONLY	$250	_____Group Care Endorsement Form (AGC only) _____Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness) *** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living
ENDORSEMENT / CERTIFICATE FOR ISO (INTERMEDIARY SERVICE ORGANIZATION) **FOR PCA ONLY**	$250	_____Policy and Procedures _____Certificate of Insurance (Including: Workers' compensation for each personal assistant, Commercial liability in an amount not less thatn $2M in general and not less than $1M per claim, Insurance coverage for employee dishonesty for not less than $25K per claim)
CATEGORY CHANGE FOR AGC ONLY	$250	_____Group Care Endorsement Form (AGC only) _____Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)

When submitting your application packet, you MUST turn in all of the required documents on this checklist or your application will be considered incomplete and returned to you.

Residential Facility for Groups Application Attachment

Please select the category(ies) of residents for which your facility will provide services.

- ❒ **Category 1** residents as defined in NAC 449.1591
- ❒ **Category 2** residents as defined in NAC 449.1595

* Category 2 facilities may admit both Category 1 and Category 2 residents, whereas Category 1 facilities must not admit Category 2 residents.

Indicate the number of beds for each category:

# of beds Category 1 _____ # of beds Category 2 _____

Please select all types that apply to your facility** *(your facility must meet the requirements for each type that you check, see definitions at NAC 449.173 and 449.2758 through 449.2766 and see NAC 449.2754 through 449.2766 for special requirements according to type of facility)*

- ❒ **Residential facility for elderly or disabled persons**
- ❒ **Residential facility for mentally retarded adults**
- ❒ **Residential facility for persons with chronic illnesses**
- ❒ **Residential facility for persons with mental illnesses**
- ❒ **Residential facility which provides care to persons with Alzheimer's disease**
  (If a small facility with 10 or fewer beds requests an Alzheimer's endorsement, Alzheimer's care is the **only** endorsement the facility can have on the license. In large facilities where the Alzheimer's population can be separated from other populations, the facility may request multiple endorsements – **All** beds licensed for Alzheimer's residents are Category 2)
- ❒ **Residential facility which provides Assisted Living Services**

** Facilities may obtain more than one type endorsement on their license provided there is evidence that the populations are compatible and caregivers have received the appropriate training.

If the facility is applying for more than one type endorsement and there is a physical separation between populations, indicate the number of beds for each type. (For example, 10 Alzheimer Category 2 residents and 25 Category I elderly or disabled residents with mental illnesses)

_____

HOSPITAL BED COUNT SURVEY

MUST BE TYPED OR FILLED OUT LEGIBLY IN INK

BED TYPE	**Total Number of Beds**	**Number of Beds**
Medical/Surgical Beds (not including ICU beds)		
Swing Beds for Nursing Home Pts. (Include in Medical/Surgical Bed Count)		
Pediatric Beds (not including ICU beds)		
Obstetric Beds		
All L&D, LDR and LDRP Beds (Include in Obstetric Bed Count)		
Level II Neonatal ICU Bassinets (Include in Obstetric Bed Count)		
Level III Neonatal ICU Bassinets (Include in Obstetric Bed Count)		
Intensive Care Unit Beds (ICU)		
Medical/Surgical ICU Beds (Include in ICU Bed Count)		
Cardiac ICU Beds (Include in ICU Bed Count)		
Pediatric ICU Beds (Include in ICU Bed Count)		
Psychiatric Beds		
Geriatric Psychiatric Beds (Include in Psych Bed Count)		
Adult Psychiatric Beds (Include in Psych Bed Count)		
Adolescent Psychiatric Beds (Include in Psych Bed Count)		
Rehabilitation Beds		
Skilled Nursing Beds (Distinct Part SNF Beds)		
Emergency Room Bays (Do Not Include with Bed Count)		
Other (Please Specify on Back)		
Total: (Add Total Number of Beds Column Only)		

Other License Designations	**Total number of cases in last 12 months**
Open Heart Surgeries	
Organ Transplant Surgeries	
Burn Unit	
Trauma Center	

Accreditations	**Accrediting Organization**
Primary Stroke Center	
STEMI Receiving Center	

Name of Hospital Reporting: _____

Print Your Name: _____

Print Your Title: _____

Phone Number: _____

Date: _____

Mobile Unit Application Attachment

Please choose one of the following:

❒ This application is for a parent facility (an already licensed medical facility) to have a licensed mobile unit. Indicate current license # _____

❒ This application is for an independent facility (a mobile unit not associated with an otherwise licensed medical facility) to be licensed as a mobile unit. (if the application is for an independent facility, please check one the following medical facility types)

Independent facilities please choose one of the following facilities types:

❒ A surgical center for ambulatory patients

❒ An obstetric center

❒ An independent center for emergency medical care

❒ An agency to provide nursing in the home (please check one of the following)

❒ A facility for intermediate care

❒ A facility for skilled nursing

❒ A facility for hospice care

❒ A psychiatric hospital

❒ A facility for the treatment of irreversible renal disease

❒ A rural clinic

❒ A nursing pool

❒ A facility for modified medical detoxification

Attach a copy of the vehicle registration.

Indicate the name of the manufacturer of the mobile unit vehicle: _____

Indicate each of the proposed service sites for the mobile unit: (attach additional sheets if necessary)

_____

_____

_____

Indicate the services offered and procedures to be performed: (attach additional sheets if necessary)

_____

_____

_____

Surgical Center for Ambulatory Patients

Classification

If your surgical center for ambulatory patients was licensed after August 5, 2004, please specify the ASC Classification you are requesting.

☐ **CLASS A** – Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral and intramuscular preoperative sedation. Excluded are spinal, epidural axillary, stellate ganglion blocks, regional blocks (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia. These methods are appropriate for Class B and Class C.

CLASS A operating rooms shall have a minimum clear area of 120 square feet (11.15 square meters) and a minimum clear dimension of 10 feet (3.5 meters).

☐ **CLASS B** – Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

CLASS B operating rooms shall have a minimum clear area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters).

☐ **CLASS C** – Provides for major surgical procedures that require general or regional block anesthesia and support of bodily functions.

CLASS C operating rooms shall have a minimum clear area of 400 square feet (37.16 square meters) and a minimum dimension of 18 feet (4.59) meters

☐ **CLASS E –** Those Ambulatory Surgical Centers licensed before August 5, 2004.

☐ **ENDOSCOPY ONLY** – Centers providing only **Endoscopy** procedures shall have procedure rooms with a minimum clear area of 200 square feet (15 square meters) exclusive of fixed cabinets and built in shelves.

Compliance with NRS 449.119 – NRS 449.125 and NRS 449.174

Please read and sign this compliance document. This document must be submitted with all applications for one of the following facility types:

- An agency to provide personal care services in the home
- An agency to provide nursing in the home
- A facility for intermediate care
- A facility for skilled nursing
- A residential facility for groups
- A program of hospice care
- A home for individual residential care
- A facility for the care of adults during the day
- A facility for hospice care
- A nursing pool
- Medical facilities such as hospitals that provide residential services to children
- Facilities for the treatment of abuse of alcohol or drugs that provide residential services to children
- Hospitals that:
  a. Plan on becoming federally designated as a long term acute care hospital
  b. Plan on having a distinct part skilled nursing facility or nursing facility
  c. Plan on providing swing-bed services
  d. Provide residential services to children

NRS 449.119 As used in NRS 449.119 to 449.125, inclusive, "facility, hospital, agency, program or home" means an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv) which accepts payment through Medicare, a residential facility for groups, a program of hospice care, a home for individual residential care, a facility for the care of adults during the day, a facility for hospice care, a nursing pool, the distinct part of a hospital which meets the requirements of a skilled nursing facility or nursing facility pursuant to 42 C.F.R. § 483.5(b)(2), a hospital that provides swing-bed services as described in 42 C.F.R. § 482.66 or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs.

NRS 449.121 1. Except as otherwise provided in subsection 2, the provisions of NRS 449.119 to 449.125, inclusive, and 449.174 do not apply to any facility for the treatment of abuse of alcohol or drugs.

2. A facility for the treatment of abuse of alcohol or drugs must comply with the requirements of NRS 449.119 to 449.125, inclusive, and 449.174 if the facility for the treatment of abuse of alcohol or drugs provides residential services to children.

NRS 449.122 1. Each applicant for a license to operate a facility, hospital, agency, program or home shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for submission to the Federal Bureau of Investigation for its report.

2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174 and immediately inform the administrator of the facility, hospital, agency, program or home, if any, and the Division of whether the applicant has been convicted of such a crime.

3. A person who holds a license to operate a facility, hospital, agency, program or home which provides residential services to children shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for a report required by this section at least once every 5 years after the initial investigation.

NRS 449.123 1. Except as otherwise provided in subsections 2 and 3, within 10 days after hiring an employee, accepting an employee of a temporary employment service or entering into a contract with an

independent contractor, the administrator of, or the person licensed to operate a facility, hospital, agency, program or home shall:

(a) Obtain a written statement from the employee, employee of the temporary employment service or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174;

(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);

(c) Obtain proof that the employee, employee of the temporary employment service or independent contractor holds any required license, permit or certificate;

(d) Obtain from the employee, employee of the temporary employment service or independent contractor one set of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;

(e) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (d) to obtain information on the background and personal history of each employee, employee of a temporary employment service or independent contractor to determine whether the person has been convicted of any crime listed in NRS 449.174; and

(f) If an Internet website has been established pursuant to NRS 439.942:

(1) Screen the employee, employee of the temporary employment service or independent contractor using the Internet website. Upon request of the Division, proof that the employee, temporary employee or independent contractor was screened pursuant to this subparagraph must be provided to the Division.

(2) Enter on the Internet website information to be maintained on the website concerning the employee, employee of the temporary employment service or independent contractor.

2. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1 from an employee, employee of a temporary employment service or independent contractor if his or her fingerprints have been submitted to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report within the immediately preceding 6 months and the report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

3. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1, other than the information described in paragraph (c) of subsection 1, from an employee, employee of a temporary employment service or independent contractor if:

(a) The employee, employee of the temporary employment service or independent contractor agrees to allow the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home to receive notice from the Central Repository for Nevada Records of Criminal History regarding any conviction and subsequent conviction of the employee, employee of the temporary employment service or independent contractor of a crime listed in NRS 449.174;

(b) An agency, board or commission that regulates an occupation or profession pursuant to title 54 of NRS or temporary employment service has, within the immediately preceding 5 years, submitted the fingerprints of the employee, employee of the temporary employment service or independent contractor to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) The report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

4. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall ensure that the information concerning the background and personal history of each employee, employee of a temporary employment service or independent contractor who works at the facility, hospital, agency, program or home:

(a) Except as otherwise provided in subsection 2, is completed as soon as practicable, and if residential services are provided to children, before the employee, employee of the temporary employment service or independent contractor provides any care or services to a child in the facility, hospital, agency, program or home without supervision; and

(b) At least once every 5 years after the date of the initial investigation.

5. The administrator or person shall, when required:

(a) Obtain one set of fingerprints from the employee, employee of the temporary employment service or independent contractor;

(b) Obtain written authorization from the employee, employee of the temporary employment service or independent contractor to forward the fingerprints obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History or, if the fingerprints were submitted electronically, obtain proof of electronic submission of the fingerprints to the Central Repository for Nevada Records of Criminal History.

6. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee, employee of the temporary employment service or independent contractor has been convicted of a crime listed in NRS 449.174 and immediately inform the Division and the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home at which the person works whether the employee, employee of the temporary employment service or independent contractor has been convicted of such a crime.

7. The Central Repository for Nevada Records of Criminal History may impose a fee upon a facility, hospital, agency, program or home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The facility, hospital, agency, program or home may recover from the employee or independent contractor whose fingerprints are submitted not more than one-half of the fee imposed by the Central Repository. If the facility, hospital, agency, program or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. The facility, hospital, agency, program or home may require a temporary employment service which employs a temporary employee whose fingerprints are submitted to pay the fee imposed by the Central Repository. A facility, hospital, agency, program or home shall notify a temporary employment service if a person employed by the temporary employment service is determined to be ineligible to provide services at the facility, hospital, agency, program or home based upon the results of an investigation conducted pursuant to this section.

8. Unless a greater penalty is provided by law, a person who willfully provides a false statement or information in connection with an investigation of the background and personal history of the person pursuant to this section that would disqualify the person from employment, including, without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.

NRS 449.1235 1. A temporary employment service shall not send an employee to provide services to a facility, hospital, agency, program or home if the temporary employment service has received notice from a facility, hospital, agency, program or home that the employee of the temporary employment service is ineligible to provide such services.

2. A facility, hospital, agency, program or home that enters into an agreement with a temporary employment service to provide services for the facility, hospital, agency, program or home on a temporary basis must require the temporary employment service to:

(a) Provide proof that each employee of the temporary employment service whom it may send to provide services to the facility, hospital, agency, program or home has been continuously employed by the temporary employment service since the last investigation conducted of the employee pursuant to NRS 449.123; and

(b) Notify the facility, hospital, agency, program or home if the investigation conducted of an employee of the temporary employment service pursuant to NRS 449.123 has not been conducted within the immediately preceding 5 years.

NRS 449.124 1. Each facility, hospital, agency, program or home shall maintain records of the information concerning its employees, employees of a temporary employment service and independent contractors collected pursuant to NRS 449.123, including, without limitation:

(a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History or proof of electronic fingerprint submission and a copy of the written authorization that was provided by the employee, employee of the temporary employment service or independent contractor;

(b) Proof that the fingerprints of the employee, employee of the temporary employment service or independent contractor were submitted to the Central Repository; and

(c) Any other documentation of the information collected pursuant to NRS 449.123.

2. The records maintained pursuant to subsection 1 must be:

(a) Maintained for the period of the employment of the person with the facility, hospital, agency, program or home; and

(b) Made available for inspection by the Division at any reasonable time, and copies thereof must be furnished to the Division upon request.

3. If an Internet website has been established pursuant to NRS 439.942, a facility, hospital, agency, program or home shall maintain a current list of its employees, employees of a temporary employment service and independent contractors on the Internet website.

4. The Central Repository for Nevada Records of Criminal History may maintain an electronic image of fingerprints submitted pursuant to NRS 449.122 and 449.123 to notify a facility, hospital, agency, program or home and the Division of any subsequent conviction of a person who is required to submit to an investigation pursuant to NRS 449.122 or 449.123.

(Added to NRS by 1997, 443; A 1999, 1947; 2005, 2171; 2009, 505; 2011, 3558; 2013, 2893)—(Substituted in revision for NRS 449.182)

NRS 449.125 1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.123, or evidence from any other source, that an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home:

(a) Has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174; or

(b) Has had a substantiated report of abuse or neglect made against him or her, if he or she is employed at a facility, hospital, agency, program or home that provides residential services to children,

□ the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment or contract of that person or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home after allowing the person time to correct the information as required pursuant to subsection 2.

2. If an employee, employee of a temporary employment service or independent contractor believes that the information provided by the Central Repository is incorrect, the employee, employee of the temporary employment service or independent contractor may immediately inform the facility, hospital, agency, program or home or temporary employment service. The facility, hospital, agency, program, home or temporary employment service that is so informed shall give the employee, employee of the temporary employment service or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.

3. A facility, hospital, agency, program or home that has complied with NRS 449.123 may not be held civilly or criminally liable based solely upon the ground that the facility, hospital, agency, program

or home allowed an employee, employee of a temporary employment service or independent contractor to work:

(a) Before it received the information concerning the employee, employee of the temporary employment service or independent contractor from the Central Repository, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision before such information is received;

(b) During the period required pursuant to subsection 2 to allow the employee, employee of the temporary employment service or independent contractor to correct that information, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision during such period;

(c) Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or

(d) Any combination thereof.

□ A facility, hospital, agency, program or home may be held liable for any other conduct determined to be negligent or unlawful.

NRS 449.174 1. In addition to the grounds listed in NRS 449.160, the Division may deny a license to operate a facility, hospital, agency, program or home to an applicant or may suspend or revoke the license of a licensee to operate such a facility, hospital, agency, program or home if:

(a) The applicant or licensee has been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;

(4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;

(5) A crime involving domestic violence that is punished as a felony;

(6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

(9) Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(10) A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;

(11) A violation of any provision of NRS 422.450 to 422.590, inclusive;

(12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;

(13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;

(14) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or

(15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

(b) The licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a); or

(c) The applicant or licensee has had a substantiated report of child abuse or neglect made against him or her and if the facility, hospital, agency, program or home provides residential services to children.

2. In addition to the grounds listed in NRS 449.160, the Division may suspend or revoke the license of a licensee to operate an agency to provide personal care services in the home or an agency to provide nursing in the home if the licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.

3. As used in this section:

(a) "Domestic violence" means an act described in NRS 33.018.

(b) "Facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119.

(c) "Medicaid" has the meaning ascribed to it in NRS 439B.120.

(d) "Medicare" has the meaning ascribed to it in NRS 439B.130.

Under penalty of perjury I declare that my facility will maintain compliance with the requirements contained in Nevada Revised Statues (NRS) 449.119 – NRS 449.125 and NRS 449.174.

Signature of Applicant & Date Signed	Name of Facility
Printed Name of Applicant	Facility Address

Background Investigation Instructions

YOU MUST COMPLETE ALL THREE STEPS

If your application is for one of the facility types listed below the owner(s) must undergo a background investigation before a license will be issued. *Please read these instructions carefully and follow all of the listed steps.*

- An agency to provide personal care services in the home
- An agency to provide nursing in the home
- A facility for intermediate care
- A facility for skilled nursing
- A residential facility for groups
- A program of hospice care
- A home for individual residential care
- A facility for the care of adults during the day
- A facility for hospice care
- A nursing pool
- Medical facilities such as hospitals that provide residential services to children
- Facilities for the treatment of abuse of alcohol or drugs that provide residential services to children
- Hospitals that:
  a. Plan on becoming federally designated as a long term acute care hospital
  b. Plan on having a distinct part skilled nursing facility or nursing facility
  c. Plan on providing swing-bed services
  d. Provide residential services to children

STEP 1: OWNER(S) BACKGROUND INVESTIGATION FOR LICENSURE PURPOSES

1. All applicants must complete one fingerprint card by going to a law enforcement agency or to a private fingerprinting service. **Please make sure that Administrators who are not owners get fingerprinted under the facility's account number as well.** Fingerprints submitted electronically are only available if you are physically in Nevada. If you are out-of-state fingerprints cannot be submitted electronically and you must go to a law enforcement agency and have manual fingerprints taken. For a list of Nevada fingerprint locations visit the Nevada Department of Public Safety's website at: www.nvrepository.state.nv.us/fingerprints.shtml

FOR FASTER RESULTS: Electronic fingerprint submission (LiveScan) **is strongly encouraged** but this is only available if you are physically in Nevada by going to one of the fingerprint agencies listed on the following link: http://nvrepository.state.nv.us/Fingerprint/forms/fingerprint_sites.pdf

2. Complete these information blocks on the card, and make sure they are legible: **last, first**, and **middle names; signatures of applicant and official; residence** (complete address); **date of birth; place of birth; sex; race; height; weight; eyes** and **hair**. **IMPORTANT** – In addition to the above information **make sure the following information is included on the fingerprint card in the sections noted below** (Failure to do so may result in additional processing charges):

7. REASON FINGERPRINTED: **NRS 449.122**
10. OCA: Your facility name with no space. Example: TheHomestead
14. MISCELLANEOUS NO. (MNU): **150828**
ORI: **NV0131700**

Please ensure the fingerprint card used is an Applicant, FD-258 card.

Cards without these information blocks completed are considered "incomplete" and will be returned to the applicant. Illegible cards will not be processed.

NOTE: THE FINGERPRINT CARD INFORMATION USED HERE (NRS 449.122 AND MNU: 150828) IS ONLY USED TO OBTAIN YOUR INITIAL LICENSE. AFTER YOU OBTAIN YOUR LICENSE DO NOT USE THIS INFORMATION ANYMORE FOR BACKGROUND CHECKING. After you obtain your license, follow the instructions in Step 2 to open a Department of Public Safety (DPS) account in which you will use the NRS indicated in Step 2 to conduct background checks with the number assigned to your facility by DPS.

3. **Be sure:**

- You have your prints captured at an in-state (NV) LiveScan location (recommended); **OR**
- One fingerprint card is completed and the card is not folded, torn or damaged in any way.
- Information blocks are complete and legible; the card is signed by the appropriate persons (applicant and official).

4. **Submit to the Department of Public Safety:**
If you completed one fingerprint card (not via electronic transmission):

- Payment of $38.25
- Your completed fingerprint card (FD-258)

You may pay by a business check, cashier's check, or money order, payable to the Department of Public Safety, U.S. Funds only. **NOTE**: ***Personal Checks will NOT be accepted.*** **You may be charged a separate fee in addition to the $38.25 payment when you go get your fingerprints rolled.**

Mail the required items to the following address:
Department of Public Safety
Records and Technology Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

If you complete your fingerprints via electronic transmission follow the instructions below:
Go to a Department of Public Safety approved Livescan Fingerprinting Site which can be found at: http://nvrepository.state.nv.us/Fingerprint/forms/fingerprint_sites.pdf. The site will collect a scanning fee and the $38.25 fingerprint processing fee. **If you go to a site that does not collect the $38.25 processing fee your fingerprints will be rejected.**

NOTE: If you plan on submitting your prints electronically **DO NOT** use a law enforcement agency.

5. **Submit a copy of the fingerprint cards to the Division of Public and Behavioral Health with your licensure application: Regardless of how you were fingerprinted (manually or electronic):**

- Notice of Noncriminal Justice Applicant's Rights, Consents and Self Disclosure of Criminal History Form (found at end of instructions)
- Compliance with NRS 449.119 – NRS 449.125 and NRS 449.174 (found at end of instructions)

A clearance memo will be sent to the facility upon completion of the background clearance process. The clearance memo must be kept in your facility file as verification of background clearance status.

6. You **must** open an account with the Department of Public Safety (DPS) and you **must** enroll in the Nevada Automated Background Check System (NABS) by following the instructions in Steps 2 and 3 below.

STEP 2: AFTER YOU RECEIVE YOUR LICENSE YOU MUST:

Open an account with the Department of Public Safety (DPS) so that you can background check your employees & **administrators who are not owners** by completing the Civil Applicant Account Application and Checklist at:
http://www.nvrepository.state.nv.us/brady/Forms/CivilAppChecklistAndApp.pdf (you will be required to provide a copy of your facility license). Please cite **NRS 449.123** in the "Purpose of Background Investigation" to background check your employees.

For questions on how to complete the DPS Civil Applicant Account Application please call DPS's Fingerprint Support Unit at: 775-684-6262 and select Fingerprint Services Option 1.

STEP 3: AFTER YOU OPEN YOUR ACCOUNT WITH DPS YOU MUST:

Enroll in the Nevada Automated Background Check System (NABS) by completing the Background Check Website Registration Form (found at end of instructions) and submit it as instructed on the form. You can begin screening employees on the website once your facility's designated website administrator receives an email with the information required to log into the system.

NOTE: INTERNET ACCESS WILL BE REQUIRED TO BACKGROUND CHECK YOUR EMPLOYEES

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073
dpbh.nv.gov

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS, CONSENTS AND SELF DISCLOSURE OF CRIMINAL HISTORY

FINGERPRINT BACKGROUND WAIVER – NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Division Public and Behavioral Health that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title
28 of the Code of Federal Regulations, Section 16.34, provides for the proper procedure to do so:

> **16.34 - Procedure to obtain change, correction or updating of identification records.**
> If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Division Public and Behavioral Health, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

CONSENT TO CHECK OF REGISTRIES

I consent to have a check of registries conducted, including, but not limited to, any government abuse registries, licensing registries, sexual abuse registries, the Office of Inspector General List of Excluded Individuals and Entities registry and any other registries that may be required by the Division of Public and Behavioral Health.

SELF DISCLOSURE STATEMENT OF CRIMINAL HISTORY

I attest that I have never been convicted of any of the following crimes:

- Murder, voluntary manslaughter or mayhem;
- Assault or battery with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony (including felony prostitution);
- A crime involving domestic violence that is punished as a felony;
- Abuse or neglect of a child or contributory delinquency;
- Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to NRS 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
- A violation of any provision of NRS 422.450 to NRS 422.590, inclusive; or
- Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.

I attest that I have not been convicted of any of the following crimes within the immediately preceding 7 years:

- Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor;
- A crime involving domestic violence that is punished as a misdemeanor;
- A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;
- A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct;
- A criminal offense under the laws governing Medicaid or Medicare;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property; or
- An attempt or conspiracy to commit any of the offenses listed in this Self Disclosure Statement of Criminal History section.

CONSENT TO BE ENROLLED IN A RAP (Record of Arrests and Prosecutions) BACK SYSTEM

(optional – check only if you consent)

☐I understand that if I check this box, the facility, hospital, agency, program or home I am under employment/contract/service with or the Division of Public and Behavioral Health may enroll me in a RAP (Record of Arrests and Prosecutions) back system which would allow the Central Repository for Nevada Records of Criminal History to notify my employer and the Division of Public and Behavioral Health of any criminal offenses that I may be convicted of in the future.

AUTHORIZATION OF SUBMISSION OF FINGERPRINTS

I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

I understand that a person who willfully provides a false statement or information connected with a background investigation that would disqualify the person from employment, including without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on:

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Division of Public and Behavioral Health

Address: 727 Fairview Drive, Suite E, Carson City, NV 89701

Agency representative: _____Fisher, April_____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____ Date: February 6, 2014

Brian Sandoval
Governor

James M. Wright
Director

General Services Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6265
www.nvrepository.state.nv.us

Julie Butler
Division Administrator

RE: FBI Fee Change Effective February 1, 2015

Dear Civil Applicant Customer:

The Federal Bureau of Investigation's (FBI) portion of the State of Nevada's Records Bureau Fingerprint Fees will be changing for fingerprint background checks effective **February 1, 2015**. The State Fee portion of the background check will not be changing.

Currently through January 31, 2015, the fee structure is as follows:

Method of Submittal	FBI Fee	State Fee	Total
LiveScan Electronically Submitted Prints (see note below)	$16.50	$23.50	$40.00
Manual Hard Copy Card Submitted Prints	$16.50	$23.50	$40.00
Volunteers	$15.00	$18.00	$33.00

Effective February 1, 2015, the new fee structure will be as follows:

Method of Submittal	FBI Fee	State Fee	New Fee Total
LiveScan Electronically Submitted Prints (see note below)	$14.75	$23.50	**$38.25**
Manual Hard Copy Card Submitted Prints	$14.75	$23.50	**$38.25**
Volunteers	$13.50	$18.00	**$31.50**

If you have any questions regarding the new fee structure, please feel free to contact our fiscal section supervisor at (775) 687-0170 or e-mail your questions to ap@dps.state.nv.us.

Sincerely,

Signature on File

Tammy Trio
Administrative Services Officer II

BACKGROUND CHECK WEBSITE REGISTRATION FORM

1 of 2 Pages

Nevada Division of Public and Behavioral Health
Background Check Unit
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1058 Fax: (775) 684-1073
Website: http://dpbh.nv.gov
Email: pbhbgcheck@health.nv.gov

You are requesting access to the Nevada Automated Background Check System (NABS). The use of the system is governed by the state and federal laws regarding appropriate access and use of criminal history information for employment purposes. Unauthorized access or improper use of the information is prohibited.

Only facilities licensed by the Division of Public and Behavioral Health (DPBH) that are required to background check employees and contractors in accordance with Nevada Revised Statutes (NRS) Chapter 449 may access the Nevada Automated Background Check System.

A website administrator must be designated. The website administrator is responsible for determining the persons who are authorized to use the internet website and ensuring that only those authorized persons have access to the website. Access to the website must be limited to persons involved in background checking employees.

COMPLETE THIS FORM. PLEASE FILL IN THIS FORM ELECTRONICALLY AND SUBMIT. *(If unable to complete electronically type or print in black or blue ink and submit by mail to the address above).*

Facility Information

Facility Name: _____ License #: _____

Owner Name (must match what is on file with DPBH): _____ DPS Account #: _____

Names of Other Facilities Owned (complete only if one DPS account number for multiple facilities)

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

I certify that all of the listed facilities have the same Department of Public Safety (DPS) account number.

If you are the same owner with the same tax ID number for each licensed facility you may have one Nevada Department of Public Safety (DPS) account number. This will allow your facilities to be connected in the system which will allow each facility to see the background check results of an employee that works at more than one facility owned by the same owner. You must notify DPS by calling 775-684-6214 if you already have more than one account number and would like to establish only one.

Name of Website Administrator

Name of Website Administrator: _____ Phone#: _____ Email: _____

If there is a change in the website administrator you must notify DPBH by emailing pbhbgcheck@health.nv.gov and provide the facility name, license number, name of previous website administrator to be disabled from system and full name, phone number and email of the new website administrator.

Child Abuse & Neglect Checks (CANS checks)

- Does your facility provide services to children? Yes or No

  If you checked yes, please check one of the following:

  Yes I would like the system to run a Child Abuse & Neglect Check (CANS check) on all applicants I screen in the system.

  No I do not want the system to run a Child Abuse & Neglect Check (CANS check) on applicants I screen in the system.

Submission Instructions

Complete the form electronically, save it and submit it via:

EMAIL TO: **pbhbgcheck@health.nv.gov**

FAX TO: **(775) 684-1073**

MAIL TO: Division of Public and Behavioral Health
Background Check Unit
727 Fairview Drive, Suite E
Carson City, NV 89701

FOR DIVISION OF PUBLIC AND BEHAVIORAL USE ONLY

Facility confirmed to be a licensed Division of Public and Behavioral Health facility

Owner confirmed to be the same for those that list multiple facilities owned by the same owner

Facility entered into Nevada Automated Background Check System and Account established

Background Investigations

NRS 449.119 "Facility, hospital, agency, program or home" defined. As used in NRS 449.119 to 449.125, inclusive, "facility, hospital, agency, program or home" means an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv) which accepts payment through Medicare, a residential facility for groups, a program of hospice care, a home for individual residential care, a facility for the care of adults during the day, a facility for hospice care, a nursing pool, the distinct part of a hospital which meets the requirements of a skilled nursing facility or nursing facility pursuant to 42 C.F.R. § 483.5(b)(2), a hospital that provides swing-bed services as described in 42 C.F.R. § 482.66 or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs.

(Added to NRS by 2013, 2889)

NRS 449.121 Exemption for facility for the treatment of abuse of alcohol or drugs; exception.

1. Except as otherwise provided in subsection 2, the provisions of NRS 449.119 to 449.125, inclusive, and 449.174 do not apply to any facility for the treatment of abuse of alcohol or drugs.

2. A facility for the treatment of abuse of alcohol or drugs must comply with the requirements of NRS 449.119 to 449.125, inclusive, and 449.174 if the facility for the treatment of abuse of alcohol or drugs provides residential services to children.

(Added to NRS by 1997, 442; A 2011, 3556; 2013, 2890)—(Substituted in revision for NRS 449.173)

NRS 449.122 Investigation of applicant for license to operate facility, hospital, agency, program or home.

1. Each applicant for a license to operate a facility, hospital, agency, program or home shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for submission to the Federal Bureau of Investigation for its report.

2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174 and immediately inform the administrator of the facility, hospital, agency, program or home, if any, and the Division of whether the applicant has been convicted of such a crime.

3. A person who holds a license to operate a facility, hospital, agency, program or home which provides residential services to children shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for a report required by this section at least once every 5 years after the initial investigation.

(Added to NRS by 1997, 442; A 2009, 504; 2011, 3556; 2013, 2890)—(Substituted in revision for NRS 449.176)

NRS 449.123 Initial and periodic investigations of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home; penalty.

1. Except as otherwise provided in subsections 2 and 3, within 10 days after hiring an employee, accepting an employee of a temporary employment service or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate a facility, hospital, agency, program or home shall:

(a) Obtain a written statement from the employee, employee of the temporary employment service or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174;

(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);

(c) Obtain proof that the employee, employee of the temporary employment service or independent contractor holds any required license, permit or certificate;

(d) Obtain from the employee, employee of the temporary employment service or independent contractor one set of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;

(e) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (d) to obtain information on the background and personal history of each employee, employee of a temporary employment service or independent contractor to determine whether the person has been convicted of any crime listed in NRS 449.174; and

(f) If an Internet website has been established pursuant to NRS 439.942:

(1) Screen the employee, employee of the temporary employment service or independent contractor using the Internet website. Upon request of the Division, proof that the employee, temporary employee or independent contractor was screened pursuant to this subparagraph must be provided to the Division.

(2) Enter on the Internet website information to be maintained on the website concerning the employee, employee of the temporary employment service or independent contractor.

2. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1 from an employee, employee of a temporary employment service or independent contractor if his or her fingerprints have been submitted to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report within the immediately preceding 6 months and the report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

3. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1, other than the information described in paragraph (c) of subsection 1, from an employee, employee of a temporary employment service or independent contractor if:

(a) The employee, employee of the temporary employment service or independent contractor agrees to allow the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home to receive notice from the Central Repository for Nevada Records of Criminal History regarding any conviction and subsequent conviction of the employee, employee of the temporary employment service or independent contractor of a crime listed in NRS 449.174;

(b) An agency, board or commission that regulates an occupation or profession pursuant to title 54 of NRS or temporary employment service has, within the immediately preceding 5 years, submitted the fingerprints of the employee, employee of the temporary employment service or independent contractor to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) The report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

4. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall ensure that the information concerning the background and personal history of each employee, employee of a temporary employment service or independent contractor who works at the facility, hospital, agency, program or home:

(a) Except as otherwise provided in subsection 2, is completed as soon as practicable, and if residential services are provided to children, before the employee, employee of the temporary employment service

or independent contractor provides any care or services to a child in the facility, hospital, agency, program or home without supervision; and

(b) At least once every 5 years after the date of the initial investigation.

5. The administrator or person shall, when required:

(a) Obtain one set of fingerprints from the employee, employee of the temporary employment service or independent contractor;

(b) Obtain written authorization from the employee, employee of the temporary employment service or independent contractor to forward the fingerprints obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History or, if the fingerprints were submitted electronically, obtain proof of electronic submission of the fingerprints to the Central Repository for Nevada Records of Criminal History.

6. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee, employee of the temporary employment service or independent contractor has been convicted of a crime listed in NRS 449.174 and immediately inform the Division and the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home at which the person works whether the employee, employee of the temporary employment service or independent contractor has been convicted of such a crime.

7. The Central Repository for Nevada Records of Criminal History may impose a fee upon a facility, hospital, agency, program or home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The facility, hospital, agency, program or home may recover from the employee or independent contractor whose fingerprints are submitted not more than one-half of the fee imposed by the Central Repository. If the facility, hospital, agency, program or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. The facility, hospital, agency, program or home may require a temporary employment service which employs a temporary employee whose fingerprints are submitted to pay the fee imposed by the Central Repository. A facility, hospital, agency, program or home shall notify a temporary employment service if a person employed by the temporary employment service is determined to be ineligible to provide services at the facility, hospital, agency, program or home based upon the results of an investigation conducted pursuant to this section.

8. Unless a greater penalty is provided by law, a person who willfully provides a false statement or information in connection with an investigation of the background and personal history of the person pursuant to this section that would disqualify the person from employment, including, without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.

(Added to NRS by 1997, 442; A 1999, 1946; 2005, 2170; 2009, 504; 2011, 3556; 2013, 2890)—(Substituted in revision for NRS 449.179)

NRS 449.1235 Temporary employment service prohibited from sending ineligible employee to facility, hospital, agency, program or home; temporary employment service to provide certain information regarding its employees.

1. A temporary employment service shall not send an employee to provide services to a facility, hospital, agency, program or home if the temporary employment service has received notice from a facility, hospital, agency, program or home that the employee of the temporary employment service is ineligible to provide such services.

2. A facility, hospital, agency, program or home that enters into an agreement with a temporary employment service to provide services for the facility, hospital, agency, program or home on a temporary basis must require the temporary employment service to:

(a) Provide proof that each employee of the temporary employment service whom it may send to provide services to the facility, hospital, agency, program or home has been continuously employed by the temporary employment service since the last investigation conducted of the employee pursuant to NRS 449.123; and

(b) Notify the facility, hospital, agency, program or home if the investigation conducted of an employee of the temporary employment service pursuant to NRS 449.123 has not been conducted within the immediately preceding 5 years.

(Added to NRS by 2013, 2889)

NRS 449.124 Maintenance and availability of certain records regarding employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home.

1. Each facility, hospital, agency, program or home shall maintain records of the information concerning its employees, employees of a temporary employment service and independent contractors collected pursuant to NRS 449.123, including, without limitation:

(a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History or proof of electronic fingerprint submission and a copy of the written authorization that was provided by the employee, employee of the temporary employment service or independent contractor;

(b) Proof that the fingerprints of the employee, employee of the temporary employment service or independent contractor were submitted to the Central Repository; and

(c) Any other documentation of the information collected pursuant to NRS 449.123.

2. The records maintained pursuant to subsection 1 must be:

(a) Maintained for the period of the employment of the person with the facility, hospital, agency, program or home; and

(b) Made available for inspection by the Division at any reasonable time, and copies thereof must be furnished to the Division upon request.

3. If an Internet website has been established pursuant to NRS 439.942, a facility, hospital, agency, program or home shall maintain a current list of its employees, employees of a temporary employment service and independent contractors on the Internet website.

4. The Central Repository for Nevada Records of Criminal History may maintain an electronic image of fingerprints submitted pursuant to NRS 449.122 and 449.123 to notify a facility, hospital, agency, program or home and the Division of any subsequent conviction of a person who is required to submit to an investigation pursuant to NRS 449.122 or 449.123.

(Added to NRS by 1997, 443; A 1999, 1947; 2005, 2171; 2009, 505; 2011, 3558; 2013, 2893)—(Substituted in revision for NRS 449.182)

NRS 449.125 Termination of employment or contract of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home who has been convicted of certain crime; period in which to correct information regarding conviction; liability of facility, hospital, agency, program or home.

1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.123, or evidence from any other source, that an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home:

(a) Has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174; or

(b) Has had a substantiated report of abuse or neglect made against him or her, if he or she is employed at a facility, hospital, agency, program or home that provides residential services to children,

➥ the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment or contract of that person or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home after allowing the person time to correct the information as required pursuant to subsection 2.

2. If an employee, employee of a temporary employment service or independent contractor believes that the information provided by the Central Repository is incorrect, the employee, employee of the temporary employment service or independent contractor may immediately inform the facility, hospital, agency, program or home or temporary employment service. The facility, hospital, agency, program, home or temporary employment service that is so informed shall give the employee, employee of the temporary employment service or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.

3. A facility, hospital, agency, program or home that has complied with NRS 449.123 may not be held civilly or criminally liable based solely upon the ground that the facility, hospital, agency, program or home allowed an employee, employee of a temporary employment service or independent contractor to work:

(a) Before it received the information concerning the employee, employee of the temporary employment service or independent contractor from the Central Repository, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision before such information is received;

(b) During the period required pursuant to subsection 2 to allow the employee, employee of the temporary employment service or independent contractor to correct that information, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision during such period;

(c) Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or

(d) Any combination thereof.

➥ A facility, hospital, agency, program or home may be held liable for any other conduct determined to be negligent or unlawful.

(Added to NRS by 1997, 443; A 1999, 1948; 2005, 2171; 2009, 505; 2011, 3558; 2013, 2894)—(Substituted in revision for NRS 449.185)

NRS 449.174 Additional grounds for denial, suspension or revocation of license to operate certain facility, hospital, agency, program or home.

1. In addition to the grounds listed in NRS 449.160, the Division may deny a license to operate a facility, hospital, agency, program or home to an applicant or may suspend or revoke the license of a licensee to operate such a facility, hospital, agency, program or home if:

(a) The applicant or licensee has been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;

(4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;

(5) A crime involving domestic violence that is punished as a felony;

(6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

(9) Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(10) A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;

(11) A violation of any provision of NRS 422.450 to 422.590, inclusive;

(12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;

(13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;

(14) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or

(15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

(b) The licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a); or

(c) The applicant or licensee has had a substantiated report of child abuse or neglect made against him or her and if the facility, hospital, agency, program or home provides residential services to children.

2. In addition to the grounds listed in NRS 449.160, the Division may suspend or revoke the license of a licensee to operate an agency to provide personal care services in the home or an agency to provide nursing in the home if the licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.

3. As used in this section:

(a) "Domestic violence" means an act described in NRS 33.018.

(b) "Facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119.

(c) "Medicaid" has the meaning ascribed to it in NRS 439B.120.

(d) "Medicare" has the meaning ascribed to it in NRS 439B.130.

(Added to NRS by 1997, 444; A 1999, 1948; 2005, 2171; 2007, 652, 2401; 2009, 506; 2013, 2895)—(Substituted in revision for NRS 449.188)

WEBSITE FOR BACKGROUND INVESTIGATIONS

NRS 439.942 Establishment; requirements to become client; administrators; confidentiality; protection of information; maintenance.

1. The Division may establish a secure Internet website which makes certain information available for a website client to conduct an investigation into the background and personal history of a person that is required pursuant to the provisions of this chapter or chapter 62B, 63, 424, 427A, 432, 432A, 432B, 433, 433B, 435 or 449 of NRS.

2. To become a website client, a person or governmental entity must:

(a) Create an account on the Internet website;

(b) Comply with NRS 439.942 to 439.948, inclusive, and any regulations adopted pursuant thereto governing use of the Internet website; and

(c) Designate a website client administrator who is responsible for:

(1) Determining the persons who are authorized to use the Internet website;

(2) Providing the Division with the names of the persons who are authorized to use the Internet website;

(3) Ensuring that only those authorized persons have access to the Internet website; and

(4) Notifying the Division of any change in the persons who are authorized to use the Internet website.

3. Authorized employees of the Division and of the Department of Public Safety may be designated to serve as administrators of the Internet website with access to all the data and information on the Internet website.

4. Except as otherwise provided in this section and NRS 239.0115, information collected, maintained, stored, backed up or on file on the Internet website is confidential, not subject to subpoena or discovery and is not subject to inspection by the general public.

5. The Division shall ensure that any information collected, maintained and stored on the Internet website is protected adequately from fire, theft, loss, destruction, other hazards and unauthorized access, and is backed-up in a manner that ensures proper confidentiality and security.

6. The Internet website must be maintained in accordance with any requirements of the Division of Enterprise Information Technology Services of the Department of Administration established for use of the equipment or services of the Division pursuant to NRS 242.181.

(Added to NRS by 2013, 2886)

NRS 439.943 Authorized use; inclusion of relevant publicly available information.

1. A person authorized to use the Internet website established pursuant to NRS 439.942 may access the website to search for information necessary to conduct an investigation of the background and personal history of a person when required. Such a search may include, without limitation, to the extent that the information is available:

(a) Determining whether the person being investigated has been convicted of a crime that disqualifies the person for employment, licensure or other privilege sought;

(b) Verifying the social security number, date of birth and driver's license or identification card number of the person being investigated;

(c) Determining whether any disciplinary action has been taken by a professional licensing board against the person being investigated; and

(d) Determining whether the person being investigated is included on the list of individuals who are excluded from participation in Medicare, Medicaid and other federal health care programs pursuant to 42 U.S.C. §§ 1320a-7 et seq.

2. The Internet website established pursuant to NRS 439.942 may include, without limitation, any relevant information that is available to the public, including, without limitation, hyperlinks to relevant publicly available Internet websites and registries, forms and educational materials.

(Added to NRS by 2013, 2887)

NRS 439.944 Access authorized to enter information and manage information and account. A person authorized to use the Internet website established pursuant to NRS 439.942 may access the website to:

1. Enter any required information;
2. Manage the information to which the person has access; and
3. Manage the account of the person.

(Added to NRS by 2013, 2887)

NRS 439.945 Division authorized to enter into cooperative agreements with certain state and federal agencies to obtain information for inclusion. The Division may enter into cooperative

agreements to obtain and accept information for inclusion on the Internet website established pursuant to NRS 439.942 from:

1. The Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established pursuant to NRS 432.100 and any similar registry maintained by a governmental entity of any state or territory within the United States;

2. The Central Repository for Nevada Records of Criminal History or any similar repository maintained by a government agency of any state or territory within the United States; and

3. Any other state or federal agency which maintains a database, repository or registry which contains information the Division determines is necessary or appropriate for inclusion on the Internet website.

(Added to NRS by 2013, 2888)

NRS 439.946 Authorized collection, maintenance and storage of certain information on website.

1. In addition to any other information included on the Internet website established pursuant to NRS 439.942, the Division may collect, maintain and store on the Internet website the following information relating to the background and personal history of a person:

(a) The first, middle and last name of the person, any aliases used by the person and, if available, a photograph of the person;

(b) The social security number, date of birth and, if available, the driver's license or identification card number of the person;

(c) Information regarding the criminal convictions of the person, if any;

(d) Any other information submitted pursuant to NRS 439.945; and

(e) Any other information determined by the Division to be necessary or appropriate.

2. The information described in subsection 1 may be collected, stored and maintained electronically, in hard copy, in a database, through a secure interface from a state or federal governmental entity directly to the Internet website, or by any other means as the Division determines necessary or appropriate.

(Added to NRS by 2013, 2888)

NRS 439.947 Access to information.

1. When establishing permissions for a website client to access information on the Internet website established pursuant to NRS 439.942, the Division shall determine the information necessary for the website client to conduct an investigation into the background and personal history of a person and limit access to the website client to only the information necessary for that website client.

2. Information regarding a person whose background and personal history is investigated must not be shared with any other website client.

3. A person who is authorized to use the Internet website by the website client administrator pursuant to NRS 439.942 may be given permission to access any information deemed necessary pursuant to subsection 1.

(Added to NRS by 2013, 2888)

NRS 439.948 Fees; regulations. The Division may adopt regulations to:

1. Prescribe a fee to be imposed on website clients for use of the Internet website established pursuant to NRS 439.942; and

2. Carry out the provisions of NRS 439.942 to 439.948, inclusive.

(Added to NRS by 2013, 2888)

SURETY BOND REQUIREMENTS

Nevada law requires a surety bond to operate an Intermediate Care Facility, Skilled Nursing Facility, Residential Facility for Groups, a Home Health Agency that serves elderly patients, an Agency to Provide Personal Care Services in the Home or Homes for Individual Residential Care. (NRS 449.065, NRS 449.067).

A surety bond must be filed with the Health Division:

- If the facility or agency employs less than 7 employees, in the amount of $5,000;
- If the facility or agency employs at least 7 but not more than 25 employees, in the amount of $25,000; or
- If the facility or agency employs more than 25 employees, in the amount of $50,000;

The bond must be payable to the **Department of Health and Human Services, Aging and Disability Services Division.**

A surety on any bond may be released after the surety gives **30 days** written notice to the Administrator of the Health Division.

The bond paperwork from your insurance or bonding company must be mailed or delivered to the Bureau of Health Care Quality and Compliance. A copy of your bond should be retained at your facility. Please contact the Bureau of Health Care Quality and Compliance Las Vegas Office for more information.

Attention: Surety Bond Coordinator
Bureau of Health Care Quality and Compliance
4220 South Maryland Parkway
Suite 810, Building D
Las Vegas NV 89119
(702) 486-6515

Skilled Nursing Facilities

Federal law [42 CFR 483.10(c)(7)] requires that the facilities purchase a surety bond, or otherwise assure the security of all personal funds of residents deposited with the facility. The surety bond filed with BHCQC is limited to residents 60 years of age and older and would not guarantee coverage for all residents.

FACILITIES FOR REFRACTIVE LASER SURGERY
SURETY BOND REQUIREMENTS

Nevada law requires a surety bond to operate a Facility for Refractive Laser Surgery. The original of the surety bond for your facility must be on file at the Division of Public and Behavioral Health (DPBH). A copy of the bond should be retained at your facility.

YOU WILL RECEIVE ADDITIONAL INFORMATION REGARDING THE PROCESS FOR FILING YOUR SURETY BOND WITH THE ADMINISTRATOR OF THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH AFTER RECEIPT OF YOUR APPLICATION

NRS 449.068 Surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.

1. Except as otherwise provided in NRS 449.069, each facility for refractive laser surgery shall, when applying for a license or renewing a license, file with the administrator of DPBH a surety bond:

(a) If the facility employs less than 7 employees, in the amount of $10,000;

(b) If the facility employs at least 7 but not more than 25 employees, in the amount of $50,000; or

(c) If the facility employs more than 25 employees, in the amount of $100,000.

2. A bond filed pursuant to this section must be executed by the facility as principal and by a surety company as surety. The bond must be payable to the DPBH and must be conditioned to provide indemnification to a patient of the facility who the administrator of the DPBH or his designee determines has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.

3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.

4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the administrator of the DPBH, but the release does not discharge or otherwise affect any claim filed by a patient for any damages sustained as a result of the bankruptcy of or any breach of contract by the facility while the bond was in effect.

5. The license of a facility for refractive laser surgery is suspended by operation of law when the facility is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to NRS 449.069. The administrator of the DPBH shall give the facility at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another surety bond is filed or substitute for the surety bond is deposited in the same manner and amount as the bond or substitute being terminated.

(Added to NRS by 2001, 1340)

NRS 449.069 Substitute for surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.

1. As a substitute for the surety bond required pursuant to NRS 449.068, a facility for refractive laser surgery may deposit with any bank or trust company authorized to do business in this state, upon approval of the administrator of the DPBH:

(a) An obligation of a bank, savings and loan association, thrift company or credit union licensed to do business in this state;

(b) Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or

(c) Any obligation of this state or any city, county, town, township, school district or other instrumentality of this state, or guaranteed by this state, in an aggregate amount, based upon principal amount or market value, whichever is lower.

2. The obligations of a bank, savings and loan association, thrift company or credit union must be held to secure the same obligation as would the surety bond required by NRS 449.068. With the approval of the administrator of the DPBH, the facility may substitute other suitable obligations for those deposited, which must be assigned to the DPBH and are negotiable only upon approval of the administrator of the DPBH.

3. Any interest or dividends earned on the deposit accrue to the account of the facility.

4. The deposit must be an amount at least equal to the surety bond required by NRS 449.068 and must state that the amount may not be withdrawn except by the direct and sole order of the administrator of the DPBH.

(Added to NRS by 2001, 1340)

SURETY BOND FOR
HEALTH CARE FACILITIES AND SERVICES

Bond No. _____

We, _____ , of _____ , City of _____ , State of _____ , as principal, and _____ , a corporation organized and existing under the laws of the State of _____ , with a place of business at _____ , City of _____ , County of _____ , State of _____ , and licensed to transact a surety business in the State of Nevada, as surety, are indebted to the State of Nevada, Department of Health and Human Services Division for Aging & Disability Services in the penal sum of _____ Dollars ($_____), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The conditions of this obligation are that the principal has applied for licensure pursuant to Chapter 449 of the Nevada Revised Statutes (NRS) to operate a facility of intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home and is required by said statute to furnish a bond on the terms and conditions set forth in such statute.

If principal and all of principal's agents and employees complies with the provisions of said statute, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal applies all funds received, and performs all obligations and undertakings made pursuant to the provisions of said statute in the conduct of a facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise it shall be in full force and effect.

This bond is intended to comply with the requirements of statute, and, in accordance with the provisions and requirements of statute, it is expressly provided that:

1. In accordance with the complaint procedure provided in NRS 427A.175, claim on this bond shall be made by a Specialist for the Rights of Elderly Persons upon determination by the Specialist that principal is liable for damages to a patient.

2. The total aggregate liability of surety shall be limited to the sum of _____ Dollars ($_____)

3. Surety may cancel this bond and be relieved of further liability by giving 30 days' written notice to the Administrator of the Division of Public and Behavioral Health, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.

In witness whereof the signature of the said Principal and the corporate seal and the name of the said Surety is hereto affixed this _____ day of _____ , 20___ . This surety obligation shall become effective on the _____ day of _____ , 20___ .

_____
(Principal)

By: _____

_____ , Surety

By: _____
Attorney-in-Fact

Nevada Resident Agent Countersignature:
By: _____
Agency Name _____
Address _____

Physical Address of Covered Facility or Agency
_____
_____
_____

ADMINISTRATOR LICENSING REQUIREMENTS

NRS 449.0355 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS.

NRS 449.035 Supervision of facility for skilled nursing or facility for intermediate care.

1. Except as otherwise provided in subsection 2, a facility for skilled nursing or facility for intermediate care licensed pursuant to the provisions of NRS 449.001 to 449.240, inclusive, may not be operated except under the supervision of a nursing facility administrator who is at the facility and licensed under the provisions of chapter 654 of NRS.

2. The provisions of subsection 1 do not apply to a facility for intermediate care which limits its care and treatment to those persons who are mentally retarded or who have conditions related to mental retardation.

NRS 654.015 "Administrator of a residential facility for groups" defined. "Administrator of a residential facility for groups" means a person who manages, supervises and is in general administrative charge of a residential facility for groups.

NRS 654.028 "Nursing facility administrator" defined. "Nursing facility administrator" means a person who manages, supervises and is in general administrative charge of a facility for skilled nursing or facility for intermediate care.

NRS 654.150 Qualifications of applicant for licensure as nursing facility administrator. [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as a nursing facility administrator pursuant to this chapter must:

1. Be of good moral character and physically and emotionally capable of administering a facility for skilled nursing or facility for intermediate care.

2. Have satisfactorily completed a course of instruction and training prescribed or approved by the board, including the study of:

(a) The needs which are to be properly served by a facility for skilled nursing or facility for intermediate care;

(b) The laws governing the operation of a facility and the protection of the patients' interests; and

(c) The elements of good administration of a facility.

In lieu of the specific requirements of this subsection, the applicant may present other evidence satisfactory to the board of sufficient education, training or experience by which he would be qualified to administer, supervise and manage a facility.

3. Pass an examination conducted and prescribed by the board pursuant to the provisions of this chapter.

4. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation.

5. Meet such other standards and qualifications as the board may from time to time establish.

(Added to NRS by 1969, 670; A 1973, 1288; 1975, 1297; A 1977, 1030; 1985, 1771; 1993, 2143; 1997, 2182, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 654.155 Qualifications of applicant for licensure as administrator of residential facility for groups. [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as an administrator of a residential facility for groups pursuant to this chapter must:

1. Be at least 21 years of age;

2. Be a citizen of the United States or lawfully entitled to remain and work in the United States;

3. Be of good moral character and physically and emotionally capable of administering a residential facility for groups;

4. Have satisfactorily completed a course of instruction and training prescribed or approved by the board or be qualified by reason of his education, training or experience to administer, supervise and manage a residential facility for groups;

5. Pass an examination conducted and prescribed by the board;

6. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation; and

7. Comply with such other standards and qualifications as the board prescribes.

(Added to NRS by 1993, 2139; 1997, 2183, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 654.200 Penalty for acting without license. Any person who acts in the capacity of a nursing facility administrator or an administrator of a residential facility for groups without a license issued pursuant to the provisions of this chapter is guilty of a misdemeanor.

CALL THE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS FOR MORE INFORMATION

(702) 486-5445

NOTICE TO HEALTH FACILITIES LICENSURE APPLICANTS

Plans for construction or remodeling **must** be submitted to the following agencies in addition to submission to the Bureau of Care Quality and Compliance:

Food and Drink Establishment Permit

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
4220 South Maryland Parkway, Suite 810, Building D
Las Vegas, Nevada 89119
702-486-6515

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, Nevada 89701
775-684-1030

For review of fire and life safety code requirements

Nevada State Fire Marshall – (Anywhere in Nevada)
107 Jacobsen Way
Carson City, Nevada 89711
775-684-7500

In order to obtain a Certificate of Compliance from the State Fire Marshal (SFM), the facility must first submit an application with the Bureau of Health Care Quality and Compliance (HCQC). The HCQC will then generate a request to the SFM for inspection. Once the inspection is complete, the facility will need to submit the certificate fee to the SFM.

In addition you need to contact your local building authority for construction requirements, approvals and permits.

For questions regarding American with Disabilities Act requirements contact:

Governor's Committee of Employment of People with Disabilities
Department of Business and Industry – (Southern Nevada)
2501 E. Sahara Avenue Suite 104
Las Vegas, Nevada 89104
702-486-4504

Governor's Committee of Employment of People with Disabilities
Department of Business and Industry – (Northern Nevada)
4600 Kietzke Lane #F 154
Reno, Nevada 89502
775-688-111

Who is subject to Plan Review?

Not all types are facility types are subject to plan review:

If you represent any of these types of facilities:

- Facility for the Care of Adults during the Day
- Residential Facility for Groups with more than ten beds
- Hospital, any type including General, Psychiatric, Rehabilitation, or Critical Access
- Facility for Skilled Nursing
- Obstetric Center
- Facility for Intermediate Care
- Facility for the Treatment of Abuse of Alcohol or Drugs
- Independent Center for Emergency Medical Care
- Surgical Center for Ambulatory Patients
- Facility for Modified Medical Detoxification
- Mobile Unit

And you are an applicant who is:

- Applying for a new facility,
- Considered new due to a change of ownership in an existing facility, or
- Making changes to an existing licensed facility

And you are planning any of the following activities:

- To build a new facility
- To remodel your facility
- To make an addition to your facility
- To change the use of all or part of your existing facility
- To change from a Category I to a Category II Residential Facility for Group (group care)
- To install an automatic fire sprinkler system
- To install a system to pipe in medical gasses

Then you are subject to Plan Review

Follow the instructions in this packet to complete the application and provide supplemental information to appropriate agencies.

If none of the conditions listed above apply to you, then you are not subject to Plan Review.

Contacts:

Northern Nevada:

Robert Cain
Health Facilities Inspector II
Bureau of Health Care Quality &Compliance
727 Fairview Drive Suite E
Carson City, NV. 89701
(775) 684-1056

Southern Nevada:

Steve Gerleman
Health Facilities Inspector III
Bureau of Health Care Quality & Compliance
4220 S. Maryland Pkwy. Ste. 810 Bldg. D
Las Vegas, NV. 89119
(702) 486-6515 ext: 224

KITCHEN PERMIT REQUIREMENTS

Kitchen permits are required for all facilities that have 11 residents or more.

Contacts

Northern Nevada Facilities: Environmental Health Specialist
Division of Public and Behavioral Health,
Bureau of Healthcare Care Quality & Compliance
727 Fairview Drive, Suite E
Carson City, NV. 89701
(775) 684-1061
vvaliente@health.nv.gov

Southern Nevada Facilities: Environmental Health Specialist
Division of Public and Behavioral Health,
Bureau of Healthcare Care Quality & Compliance
4220 S. Maryland Pkwy. Ste. 810 Bldg. D
Las Vegas, NV. 89119
(702) 486-6515
vvaliente@health.nv.gov

► Plan Review of Food Establishments within Health Facilities go to: www.dpbh.nv.gov

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073
dpbh.nv.gov

LABORATORY TESTING ATTESTATION

Will the facility be performing laboratory testing (such as fingerstick glucose, PT/INR or dipstick urine)?

☐ Yes: If yes, contact the Laboratory Services number below for applications. They must be completed and returned to the Division of Public and Behavioral Health for processing.

Already have a CLIA? 29D_____

Already have a state laboratory license? _____

☐ No testing will be performed.

Facility Name:_____

Facility Address: _____

_____

Under penalty of perjury, I attest that the above information is correct.

_____ _____
Signature Date

_____
Print Name

How to apply for a Laboratory License, personnel certificate and CLIA certificate form CMS-116, CLIA waived test, etc.
For further questions or concerns, please contact:

Medical Laboratory Services

727 Fairview Drive, Ste. E
Carson City, Nevada 89701
775-684-1030

4220 S. Maryland Pkwy, Ste. 810 Bldg. D
Las Vegas, Nevada 89119
702-486-6515

Sample Financial Status Statement

I am financially stable and have the funds available to operate a business as a {the specific type of facility that you are applying for}.

Signed,

{print name of owner of facility and title and facility name}

Please provide recent bank statement.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073
www.dpbh.nv.gov

RENEWAL NOTICE ATTESTATION

Attention New Provider:

The statement below is an attestation stating that you were informed that all licenses expire at the end of each calendar year, no matter when the license was printed and issued. All facilities receive a renewal notice the beginning of October and are required to pay a renewal fee on or before November 15th. Please sign the attestation below and return to our office within 10 working days.

Even though the Bureau might issue my facility a license toward the end of the year, I have been informed by Bureau staff that I am still expected to pay a renewal fee by November 15 of the current calendar year. If I pay after November 15th off current year, I will incur a late fee calculated at 1.5 times the renewal fee.

_____
Facility Name

_____ _____
Administrator or Representative of Facility *Date*

*This is required for **Personal Care Agencies, Homes for Individual Residential Care** and **Adult Day Care Centers** directors/administrators with foreign diplomas. Your diploma must be analyzed by one of these evaluation services to determine if it meets the minimum standards of a US high school diploma.

The National Association of

Credential Evaluation Services®

NACES MEMBERS (as at June 1, 2009)

Contact NACES: info@naces.org **Website:** www.naces.org

Please be sure to visit the website regularly to check the updated status of NACES members

◆ Chair ◆ Charter Members ◆ Membership Chair

1. **Academic Evaluation Services, Inc.**
11700 N 58th Street G & H
Tampa, FL, 33617
Phone: (813) 374-2020
Fax: (813) 374-2023
email: info@aes-edu.org
http://www.aes-edu.org
Member since May 2008

2. **A2Z Evaluations, LLC**
P.O. Box 74040
Davis, CA 95617
Phone: 530-400-9266
email: info@A2Zeval.com
http://www.A2Zeval.com
Member since May 2009

3. ◆ **Center for Applied Research, Evaluations,**
& Education, Inc.
P.O. Box 18358
Anaheim, CA 92817
Phone: (714) 237-9272
Fax: (714) 237-9279
email: eval_caree@yahoo.com
http://www.iescaree.com
Member since March 1987

4. ◆ **Education International, Inc.**
29 Denton Road
Wellesley, MA 02482
Phone: (781) 235-7425
Fax: (781) 235-6831
email: edint@gis.net
http://www.educationinternational.org
Member since March 1987

5. ◆ **Educational Credential Evaluators, Inc.**
P.O. Box 514070
Milwaukee, WI 53203-3470
Phone: (414) 289-3400
Fax: (414) 289-3411
email:

6. **Educational Perspectives, nfp.**
P.O. Box 618056
Chicago, IL 60661-8056
Phone: (312) 421-9300
Fax: (312) 421-9353
email: info@edperspective.org
http://www.edperspective.org
Member since April 2003

7. **Educational Records Evaluation Service, Inc.**
601 University Avenue, Suite 127
Sacramento, CA 95825
Phone: (916) 921-0790
Fax: (916) 921-0793
email: edu@eres.com
http://www.eres.com
Member since April 1993

8. **e-ValReports**
10924 Mukilteo Speedway, #290
Mukilteo, WA 98275
Phone: (425) 349-5199
Fax: (425) 349-3420
email: brad@e-valreports.com
http://www.e-valreports.com
Member since May 2007

9. ◆ **Evaluation Service, Inc.**
333 W. North Avenue, #284
Chicago, IL 60610
Phone: (847) 477-8569
Fax: (312) 587-3068
email: info@evaluationservice.net
http://www.evaluationservice.net
Member since June 1991

10. ◆ **Foreign Academic Credential**
Service, Inc.
P.O. Box 400
Glen Carbon, IL 62034
Phone: (618) 656-5291
email:

eval@ece.org Fax: (618) 656-5292 http://www.ece.org http://www.facsusa.com
Member since March 1987 Member since March 1987 11. Foreign Educational Document Service
P.O. Box 4091 Stockton, CA 95204 Phone: (209) 948-6589
Member since April 1994

12. **◆ Foundation for International Services, Inc.**
14926 -35th Avenue West Suite 210 Lynnwood, Washington 98087 Phone: (425) 248-2255 Fax: (425) 248-2262 email: info@fis-web.com
http://www.fis-web.com
Member since March 1987

13. **Global Credential Evaluators, Inc.**
P.O. Box 9203 College Station, TX 77842-9203 Phone: (512) 528-0908 Fax: (512) 528-9293 email: gce@gceus.com http://www.gceus.com or http://www.gcevaluators.com

Member since March 2004

14. **Global Services Associates, Inc.** 2554 Lincoln Boulevard, # 445 Marina del Rey, CA 90291 Phone: (310) 828-5709 Fax: (310) 828-5709 email: info@globaleval.org http://www.globaleval.org

Member since May 2000

15. **International Academic Credential Evaluators, Inc.**
P.O. Box 2465 Denton, Tx 76202-2465 Phone: (940) 383-7498 Fax: (940) 382.4874 email: staff@iacei.net
http://www.iacei.net

Member since May 2006

16. **◆ International Consultants of Delaware** 3600 Market Street, Suite 450 Philadelphia, PA 19104 Phone: (215) 387-6950 Ext.603 Fax: (215) 349-0026 email: icd@icdeval.com
http://icdeval.com
Member since March 1987

17. ◆◆ International Education Research Foundation, Inc. (IERF)
P.O. Box 3665 Culver City, CA 90231-3665 Phone: (310) 258-9451 Fax: (310) 342-7086 email: information@ierf.org http://www.ierf.org
Member since March 1987

18. **Josef Silny & Associates, Inc. International Education Consultants**
7101 S.W. 102 Avenue Miami, FL 33173 Phone: (305) 273-1616 Fax: (305) 273-1338 Fax: (305) 273-1984 (Translations) email: info@jsilny.com http://www.jsilny.com

Member since April 1991

19. **SpanTran Educational Services, Inc.** 7211 Regency Square Blvd., Suite 205 Houston, TX 77036-3197 Phone: (713) 266-8805 Fax: (713) 789-6022 email: info@spantran-edu.org http://www.spantran-edu.org
Member since April 1996

20. **◆ World Education Services, Inc.**
P.O. Box 5087 Bowling Green Station New York, NY 10274-5087 Phone: (212) 966-6311 Fax: (212) 739-6100 email: info@wes.org http://www.wes.org
Member since March 1987