

APPLICATION DOCUMENTS  
FOR  
RURAL CLINICS (RHC)  
INITIAL/CHOW APPLICATION

DATE TO DPBH	DOCUMENT	REFERENCE
	<b>APPLICATION FORM</b> (must be NOTORIZED ORIGINAL)	NRS 449.040
	<b>FEE OF \$4,058.00</b>	NAC 449.013
	<b>EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION</b>	NAC 449.011(4)(e) NRS 449.040(10)
	<b>LEASE AGREEMENT</b> (if applicable)	NAC 449.011(4)(f)
	<b>PARTNERSHIP AGREEMENT</b> (if applicable)	NAC 49.011(4)(a)(4)
	<b>ARTICLES OF INCORPORATION</b> (for corporations only) <b>ARTICLES OF ORGANIZATION</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>GOVERNING BODY BYLAWS</b> (for corporations only) <b>OPERATING AGREEMENT</b> (for LLC's only)	NAC 449.011(4)(g)
	<b>3 YEAR BUSINESS HISTORY</b> (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	<b>FINANCIAL STATUS INFORMATION or STATEMENT</b>	NAC 449.011(3)
	<b>3 LETTERS OF REFERENCE FOR ADMINISTRATOR</b>	NAC 449.011(3)
	<b>MEDICAL LABS ATTESTATION</b>	NRS 652.080
	<b>*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL</b> (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.150(1)
	<b>FLOOR PLAN WITH DIMENSIONS</b>	NRS 449.040(7)
	<b>BILL OF SALE</b> (for CHOW only)	NRS 449.040(7)
	<b>8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION</b>	NRS 449.040 (7)
	<b>RENEWAL ATTESTATION</b>	

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