

APPLICATION DOCUMENTS
FOR
SKILLED NURSING FACILITIES (SNF)
INITIAL/CHOW APPLICATION

DATE TO DPBH	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF \$2,252.00 + FEE PER BED OF \$108.00	NAC 449.016
	EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION	NAC 449.011(4)(e) NRS 449.040(10)
	CERTIFICATE OF INSURANCE	NAC 449.74411(3)
	SURETY BOND (must be ORIGINAL)	NRS 449.065
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	PARTNERSHIP AGREEMENT (if applicable)	NAC49.011(4)
	ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only)	NAC 449.011(4)(g)
	GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only)	NAC 449.011(4)(g)
	3 YEAR BUSINESS HISTORY (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)
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	ADMINISTRATOR LICENSE (name of facility must be on license)	NRS 449.035
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
	FORM INDICATING COMPLIANCE WITH NRS 449.174 FOR EMPLOYEES AND/OR INDEPENDENT CONTRACTORS	NRS 449.123
	*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS (Refer to the DPBH website and application packet for instructions regarding fingerprinting)	NRS 449.122
	*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (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)
	MEDICAL LABS ATTESTATION	NRS 652.080
	FLOOR PLAN WITH DIMENSIONS	NRS 449.040(7)
	PLAN REVIEW APPLICATION ON FILE (for initial applicants and new construction or remodeling)	NAC 449.74543(6)
	PERMIT FOR KITCHEN – PLEASE CONTACT LICENSE PROCESSOR FOR FURTHER INFORMATION	NAC 449.74525(8)
	BILL OF SALE (for CHOW only)	NRS 449.040(7)
	8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040 (7)
	RENEWAL ATTESTATION SHEET	
	ELDER ABUSE, NEGLECT & EXPLOITATION TRAINING	NRS 449.093
	MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT (See training schedule on website for webinar date and RSVP information)	NRS 449.123

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.