

# HOSPITAL LICENSING CHECKLISTS

The Division of Public and Behavioral Health (DPBH) licenses hospitals in Nevada. The Bureau of Health Care Quality and Compliance (HCQC) is the unit that receives and reviews all health facility license applications via the [Nevada Online Licensing System](#). The following checklists are intended to help new and existing hospital license applicants with three types of applications: initial, change of ownership and renewal; applicants will need to input or upload the information/documents listed below into the Nevada Online Licensing System when submitting these applications. This checklist and other hospital licensing information can be found at [dpbh.nv.gov/hospitals](http://dpbh.nv.gov/hospitals).

## INITIAL APPLICATION CHECKLIST

- [Plan review application \(for facilities with 11 or more beds\)](#)
- State business license number — “active” status will be verified through an automated connection with the Nevada Secretary of State portal [SilverFlume](#).
- City or county business license, conditional use verification form or special use permit
- Background check – required for all owners with greater than 10% share. For more information, see the [Background Investigation Instructions linked here](#) or email [bgcheck@dhhs.nv.gov](mailto:bgcheck@dhhs.nv.gov).
- Certificate of Compliance from State Fire Marshal
- Certificate of Liability Insurance (if applicable)
  - Certificate must reflect the health facility's DBA (doing business as) name and physical address.
  - List the certificate holder as: Bureau of Health Care Quality and Compliance, 727 Fairview Drive, Suite E, Carson City, NV, 89701.
- Administrator resume
- 3 signed letters of professional reference for administrator
  - A professional reference is typically from a current or former employer, colleague, client, vendor, supervisor or someone else who has first-hand knowledge of the individual.
- 3-year business history regarding services rendered (if less than 3-year history, then resume(s) and 1 letter of reference for the owner(s) including corporate officers)
- 8 x 10 photograph of the facility (front of building and signage)
- Articles of Incorporation (corporations only) or Articles of Organization (LLC only)
- Attestation of number of emergency room bays (if applicable)
- Floor plan with dimensions
- Governing body bylaws
- Lease agreement
- Operating agreement
- Partnership agreement (if applicable)
- Other supporting documents as requested by HCQC

## CHANGE OF OWNERSHIP APPLICATION CHECKLIST

Submit *all* Initial Application documents listed above plus:

- Bill of Sale

## RENEWAL APPLICATION CHECKLIST

Submit *only* the documents listed below:

- Accreditation – letter from accrediting organization identifying deemed or certified status and effective/expiration dates.
- Documented staffing plan (required for hospitals with more than 70 beds and operating in a county whose population is 100,000 or more.)
- Attestation of number of emergency room bays (if applicable)
- State business license number — “active” status will be verified through an automated connection with the Nevada Secretary of State portal [SilverFlume](#).
- Other supporting documents as requested by HCQC