

APPLICATION DOCUMENTS
FOR
HOSPITALS (HOS)
INITIAL/CHOW APPLICATION

| DATE TO DPBH | DOCUMENT | REFERENCE |
|--------------|--|--------------------------------------|
| | APPLICATION FORM (must be NOTORIZED ORIGINAL) | NRS 449.040 |
| | APPLICATION ATTACHMENT HOSPITAL BED COUNT SURVEY | NRS 449.040(7) |
| | FEE OF \$14,606.00 + FEE PER BED OF \$110.00 | 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 449.307(2) |
| | LEASE AGREEMENT (if applicable) | NAC 449.011(4)(f) |
| | PARTNERSHIP AGREEMENT (if applicable) | NAC 49.011(4)(a)(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) |
| | RESUME FOR ADMINISTRATOR | NRS 449.313(3) |
| | 3 LETTERS OF REFERENCE FOR ADMINISTRATOR | NAC 449.011(3) |
| | <p>*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS</p> <p>ANY HOSPITAL THAT PROVIDES RESIDENTIAL SERVICES TO CHILDREN must get owners background checked. Once you receive your Nevada State License from DPBH you must then get your employees background checked.</p> <p>Do you plan on becoming a long term acute care hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan on providing swing bed services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan on having a distinct part skilled nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <u>Yes</u> to any of the above questions you must get your owners background checked.</p> <p>Once you receive Medicare certification as a long term acute care hospital, swing bed provider or as a hospital with a distinct part SNF you must get employees background checked.</p> | 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 Approval Letter Received From Reviewer (for initial applicants and new construction or remodeling) | NAC 449.3154(5) |
| | PERMIT FOR KITCHEN – PLEASE CONTACT LICENSE PROCESSOR FOR FURTHER INFORMATION | NAC 449.338(6)(b) |

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| | 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 NOTICE ATTESTATION | |
| | 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.