

SQL #: _____
 ENTERED INTO ACO:
 TRACKER:

APPLICATION DOCUMENTS
 FOR
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES(PRT)
 INITIAL/CHOW APPLICATION

FACILITY NAME

SUPERVISOR REVIEW/ INITIAL DATE	DATE RECEIVED	DOCUMENT	REFERENCE
		APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
		FEE OF \$9,530.00 + FEE PER BED OF \$62.00	LCB File R046-14 Sect. 36
		BUSINESS LICENSE ZONING APPROVAL	NAC 449.011(4)(e) NRS 449.040(10)
		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)
		3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
		CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHAL	NRS 449.150(1)
		MEDICAL LABS ATTESTATION	NRS 652.080
		FLOOR PLAN WITH DIMENSIONS	NRS 449.040(7)
		PERMIT FOR KITCHEN	LCB File R046-14 Sect. 21 (3)(b)
		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	

DATE RETURNED TO LICENSING _____

SUPERVISOR REVIEW DATE _____

DATE NOTIFIED CONCERNING MISSING DOCUMENTS _____

SFM REQUEST SENT: _____

VIA: MEETING FAX MAIL EMAIL

WEBINAR COMPLETE

DATE LAST DOCUMENT RECEIVED _____

LONG TERM ACUTE CARE HOSPITAL? Yes or No DO YOU PLAN ON HAVING A DISTINCT PART SNF? Yes or No

PROVIDING SWING BEDS SERVICES? Yes or No IF YOU SAID YES TO ANY ABOVE QUEST.- BACKGROUND CHECK.