APPLICATION DOCUMENTS
FOR
PERSONAL CARE ATTENDANT AGENCIES (PCA)
INITIAL/CHOW APPLICATION

RETURNED TO DPBH	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF $1374.00	NAC 449.013(1)(n)
	BILL OF SALE (For Change of Ownership only)	NRS 449.040(7)
	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 449.3972(4)
	SURETY BOND (must be ORIGINAL)	NRS 449.065
	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	NAC 449.3973(1)(3)
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
	HIGH SCHOOL DIPLOMA OR EQUIVALENT FOR ADMINISTRATOR	NAC 449.3973(1)(b)
	PROOF THAT ADMINISTRATOR IS 18 YEARS OLD	NAC 449.3973 (1)(a)
	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 HCQC 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)
	8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040 (7)
	MEDICAL LABORATORY ATTESTATION FORM	NRS 652.080
	RENEWAL ATTESTATION FORM	
	ELDER ABUSE, NEGLECT & EXPLOITATION TRAINING http://health.nv.gov/HCQC_HealthFacilities.htm (Look for the face of the elderly gentleman for the PowerPoint training. The test is to the right of the elderly gentleman. Print it out, complete, sign and date the test. Submit with your application.)	NRS 449.093
	***MANDATORY APPLICANT LICENSURE TRAINING FOR PERSONAL CARE AGENCIES. You may complete the training before or after submitting your application. Check the New applicant class schedule on our website: http://health.nv.gov/HCQC_Forms.htm**	
	MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT (See training schedule on website for webinar date and RSVP information)	NRS 449.123

When submitting your application packet you MUST turn in all of the documents on this checklist, with the exception of Certificate of Compliance from State Fire Marshall & background check reports, or your application packet will be considered incomplete and returned to you.