
STEPS TO ENTER A NEW APPLICATION IN ALIS (CLICS)

**Bureau of Health Care Quality and Compliance
(HCQC)**

Online licensing system for health facilities, child care facilities and medical laboratories



1. Go to this web site

Department of Health and Human Services
Nevada Division of Public and Behavioral Health (DPBH)

Agencies Jobs About Nevada

ADA Americans with Disabilities Act

HOME ABOUT JOBS PROGRAMS COMMUNITY PROVIDERS BOARDS REGULATORY RESOURCES CONTACT MEDIA

Quick Links

- Medical Marijuana
- Vital Statistics
- Forms
- Medical Laboratory Services
- WIC Clinic Locations
- Nevada WebIZ
- Health Facilities**
- Environmental Health Section
- Child Care Licensing
- Press Releases

WELCOME TO THE NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

At the Nevada Division of Public and Behavioral Health, our mission is to protect, promote and improve the physical and behavioral health of the people of Nevada. Our main office is located at 4150 Technology Way in Carson City with regular business hours of 8 a.m. to 5 p.m. Monday through Friday. Our main phone number is (775) 684-4200.

24-hour Public Health Emergency Contact: (775) 684-5920

Jobs Programs Regulatory Providers Resources Nevada 2-1-1

Last Updated: 4/13/2016

2. Then click on Health Facilities

STATE OF NEVADA
[Home](#)
[Directory of State Agencies](#)
[Public Notices](#)

HEALTH & HUMAN SERVICES
[Home](#)
[Divisions](#)
[Director's Office Programs](#)

FEEDBACK
[Customer Service](#)
[Feedback Form](#)

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[Phone, FAX, Hours & Location](#)
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Select Language





- Regulatory
 - Emergency Medical Systems (EMS)
 - Environmental Health
 - Health Laboratory and Child Care Licensure
- Health Facilities
 - Blog
 - Staff List
 - Office Locations
 - Listserv Lists
 - Advisory Councils
 - Statutes
 - Partners
 - Community
 - Complaints
 - Licensing
 - Providers
 - Training & Education

HEALTH FACILITIES

General Information

The Bureau of Health Care Quality and Compliance (HCQC) licenses medical and other health facilities in Nevada in accordance with Nevada Revised Statutes Chapter 449 (NRS 449) and with [Nevada Administrative Code Chapter 449](#) (NAC 449).

HCQC also has an agreement with the federal Centers for Medicare and Medicaid Services (CMS) to certify some facilities in accordance with the Code of Federal Regulations (Title 42). The purpose of CMS certification is so facilities can accept federal funds such as Medicare and Medicaid. Periodic surveys (inspections) are conducted in accordance with applicable regulations, based on the type of facility, and following specific time frames and procedures. HCQC also conducts complaint investigations.

Consumer Tools

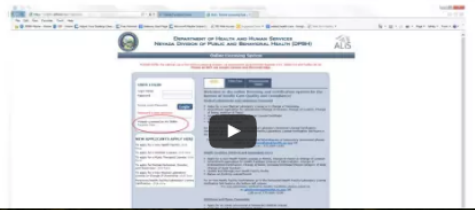
This [Resources for Consumers page](#) includes such helpful tools as a health facility comparison, laboratory personnel verification, facility inspection reports and more.

Provider Tools

This [Resources for Providers page](#) contains links to information for individuals and businesses interested in becoming a Nevada health care provider.

***NEW* [Online Licensing and Certification System](#):** Use this new online portal to apply for licensure of a new health facility or medical laboratory; if you are a new dietitian, music therapist, medical laboratory personnel, or if you need to verify a license. Current licensees also can manage and update their information, renew their license and make a payment.

- Instructions for New Online Licensing and Certification System - downloadable PDF



Contact Us

Bureau of Healthcare Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Phone: (775) 684-1030
Fax: (775) 684-1073

- Staff Listing
- Office Locations
- All Listserv Lists

General Information

- Acronyms
- Advisory Councils
- FAQs
- Statutes

Regulatory Partners

- Partners

Resources

- For Consumers
- For Providers
- Complaints
- Forms
- Grants
- Inspections
- Licensing
- Training & Education

Click here to enter CLICS Licensing and Certification System





Department of Health and Human Services

Nevada Division of Public and Behavioral Health (DPBH)

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[Agencies](#) [Jobs](#) [About Nevada](#)



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[HOME](#) [ABOUT](#) [JOBS](#) [PROGRAMS](#) [COMMUNITY](#) [PROVIDERS](#) [BOARDS](#) [REGULATORY](#) [RESOURCES](#) [CONTACT](#) [MEDIA](#)

Regulatory

[Emergency Medical Systems \(EMS\)](#)

[Environmental Health](#)

[Health Laboratory and Child Care Licensure](#)

▫ [Health Facilities](#)

[Blog](#)

[Staff List](#)

[Office Locations](#)

RESOURCES FOR PROVIDERS

Information to assist health facility providers

Medical Facilities: Visit this page for information about the types of medical facilities (hospitals, nursing homes, etc.) that are regulated in Nevada.

Non-Medical Facilities: Visit this page for information non-medical facilities (e.g., group homes, alcohol/drug abuse, etc.) that are regulated in Nevada.

Facility Kitchens and Pools: Visit this page for information about food service, pools and spas at regulated health facilities in Nevada.

Criminal Background Check Requirements: Visit this page for information on background check requirements for employees of regulated health facilities.

Construction and Plan Review: Visit this page for information about construction and plan review requirements for the health-related facility types regulated in Nevada.





Department of Health and Human Services

Nevada Division of Public and Behavioral Health (DPBH)

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[Agencies](#) [Jobs](#) [About Nevada](#)



ADA Americans with Disabilities Act

[HOME](#) [ABOUT](#) [JOBS](#) [PROGRAMS](#) [COMMUNITY](#) [PROVIDERS](#) [BOARDS](#) [REGULATORY](#) [RESOURCES](#) [CONTACT](#) [MEDIA](#)

NON-MEDICAL FACILITIES

IMPORTANT RENEWAL INFORMATION

[Renewal Notice](#) (PDF)

Non-Medical Facility Types

Nevada permits and licenses several types of non-medical facilities and services as listed below.

State law requires that every person or entity doing business in the State of Nevada, obtain a State Business License or Certificate of Exemption. If you are starting a business, such as one of the non-medical facilities listed below, please start your business at SilverFlume Nevada's Business Portal at: www.nvsilverflume.gov.

- ADA - Facility for the treatment of abuse of alcohol or drugs
- ADC - Facility for the care of adults during the day
- AGC - Residential facility for groups (adult group care/assisted living)
- BPR - Businesses that provide referrals to residential facility for groups
- CTC - Community triage center
- HIC - Home for individual residential care
- HWH - Halfway house for recovering alcohol and drug abusers
- ISO - Intermediary Service Organization
- MDX - Facility for modified medical detoxification
- NTC - Facility for treatment with narcotics (methadone clinic)
- PCA - Agency to provide personal care services in the home (personal care agency)
- TLF - Facility for transitional living for released offenders





AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME (PERSONAL CARE AGENCY)

▪ State Laws and Regulations

- Nevada Revised Statutes (NRS): Agencies to Provide Personal Care Services in the Home
 - [NRS 449.0021 – "Agency to provide personal care services in the home" defined](#)
- Nevada Administrative Code (NAC): Agencies to Provide Personal Care Services in the Home
 - [Agencies to Provide Personal Care Services in the Home Regulations](#)

▪ Licensing and Applications

- To apply for a license to operate an agency to provide personal care services in the home, you must complete the following:
 - [Initial license packet \(PDF link\)](#)
 - [Checklist for agencies to provide personal care services in the home \(PDF link\)](#)
 - [Initial license applicant mandatory training schedule \(PDF link\)](#)
 - [Background check requirements](#)

▪ Other Information

- [Interpretive Guidelines for Agencies to Provide Personal Care Services in the Home \(PDF link\)](#)
- [Agencies to Provide Personal Care Services in the Home Facts \(PDF link\)](#)
- Technical Bulletins – Important Notices
 - [First aid and cardiopulmonary resuscitation \(CPR\) \(PDF link\)](#)
 - [Heat Advisory \(PDF link\)](#)



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)	NAC 449.011(4)(g)
	ARTICLES OF ORGANIZATION (for LLC's only)	
	GOVERNING BODY BYLAWS (for corporations only)	NAC 449.011(4)(g)
	OPERATING AGREEMENT (for LLC's only)	
	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 INFO	NAC 449.011(3)
	RESUME FOR ADMINISTRATOR	NAC 449.3973(1)(3)

Note this Message

When submitting your application packet you MUST turn in all of the documents on your facility type's checklist or your application packet will be considered incomplete and will be returned to you. The only documents you do not personally submit are the Certificate of Compliance from the State Fire Marshall and background check reports; these will be sent directly to HCQC as are part of the inspection and fingerprinting processes which each applicant is responsible to initiate.





HEALTH FACILITIES

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Consumer Tools

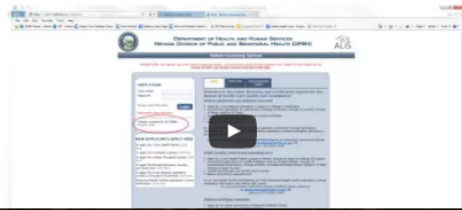
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***NEW* [Online Licensing and Certification System](#):** Use our new online portal to apply for licensure of a new health facility or medical laboratory; if you are a new dietitian, music therapist, medical laboratory personnel, or if you need to verify a license. Current licensees also can manage and update their information, renew their license and make a payment.

- Instructions for New Online Licensing and Certification System - downloadable PDF



Contact Us

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Fax: (775) 684-1073

- Staff Listing
- Office Locations
- All Listserv Lists

General Information

- Acronyms
- Advisory Councils
- FAQs
- Statutes

Regulatory Partners

- Partners

Resources

- For Consumers
- For Providers
- Complaints
- Forms
- Grants
- Inspections
- Licensing
- Training & Education

- Regulatory
- Emergency Medical Systems (EMS)
- Environmental Health
- Health Laboratory and Child Care Licensure
- Health Facilities
- Blog
- Staff List
- Office Locations
- Listserv Lists
- Advisory Councils
- Statutes
- Partners
- Community
- Complaints
- Licensing
- Providers
- Training & Education

Click here to enter Online Licensing and Certification System



Online Licensing System

PLEASE NOTE: For optimal use of the Online Licensing System, we recommend using Internet Explorer 9-11, Safari 5.0 and Firefox 26-40.
Please do NOT use Google Chrome and Microsoft Edge.

USER LOGIN

Login Name
Password

Forgot Login/Password

Login

Password is case sensitive.

Already Licensed by NV DPBH:
Register Here

NEW APPLICANTS APPLY HERE

- To apply for a new Health Facility: [click here](#)
- To apply for a Dietitian License: [click here](#)
- To apply for a Music Therapist License: [click here](#)
- To apply for Medlab Personnel, Director, and Supervisor: [click here](#)
- To apply for a New Medical Laboratory License or Change of Ownership: [click here](#)
- To request a Kitchen permit inside the health facility: [click here](#)
- To request a pool/spa permit inside the health facility: [click here](#)
- Personnel/Health Facility/Laboratory/Kitchen Pool & Spa License Verification: [Click Here](#)

HCQC

Child Care

Environmental Health

Welcome to the online licensing and certification system for the Bureau of Health Care Quality and Compliance!

Medical Laboratories and Laboratory Personnel

- ▶ Apply for a new Medical Laboratory License or a Change of Ownership
- ▶ Amendment Application for Laboratories (Change of Director, Change of Location, Change of Name, Addition of Tests)
- ▶ Apply for a new Laboratory Personnel License/Certificate
- ▶ Update and Manage your Profile
- ▶ Renew an Existing License

For on-line Medical Laboratory and Medical Laboratory Personnel License/Certification Verifications go to the Personnel/Health Facility/Laboratory License Verification link found in the bottom left column.

For any questions related to medical laboratories or laboratory personnel please email us at : pbhmedlabs@health.nv.gov OR call us at : 775-684-1030

Health Facilities (Medical and Dependent Care)

- ▶ Apply for a new Health Facility License or Permit, Change of Owner or Change of Location
- ▶ Amendment Application for Health Facilities (Change of Administrator, Change of Endorsement/Certification, Change of Name, Increase/Decrease/Change Category of beds, Change of Suite Number)
- ▶ Update and Manage your Health Facility Profile
- ▶ Renew an Existing License/Permit

For on-line Health Facility Verifications go to the Personnel/Health Facility/Laboratory License Verification link found in the bottom left column.

For any questions related to Health Facilities please email us at : pbhlicensing@health.nv.gov OR Call us at 775-684-1030

Dietitians and Music Therapists

- ▶ Apply for an initial, provisional or temporary dietitian license
- ▶ Apply for an initial music therapist license
- ▶ Renew an Existing License
- ▶ Update and Manage your Profile

For on-line Dietitian and Music Therapist License Verifications go to Personnel License Verification link found in the bottom left column.

For any questions related to dietitians or music therapists please email us at : individuallicensing@health.nv.gov

Kitchens/Pools/Spas within Health Facilities

- ▶ Apply for a new Health Facility kitchen/pool/spa permit or change of ownership
- ▶ Update and manage your profile
- ▶ Renew existing kitchen/pool/spa permit

For on-line Health Facility Verifications go to the Personnel/Health Facility/Laboratory License Verification link found in the bottom left column.

Click Here to Apply for a New Health Facility License





DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

Initial User Registration -Health Facilities

Fields marked with asterisk (*) are required.

Facility Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) * NV Business ID *
Registered Name with Secretary of State (Legal/Business Name) *

Mailing Address

Country * Apt/Unit/etc.
Address * City * State/Province * County *
Zip * Primary Phone # - Ext * Alternate Phone # - Ext.
Fax Primary-Email * Alternate E-mail

Online Account Information

Login Name *
Password * Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.
Re-type Password *

Reset

Register

Back

At a minimum complete all items with a red * asterisk

<http://nvsilverflume.com>

Then click the "Register" button



PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PR

New Health Facility - Preliminary Step

Fields marked with asterisk (*) are required.

Application Type

Which application would you like to apply?

New Health Facility

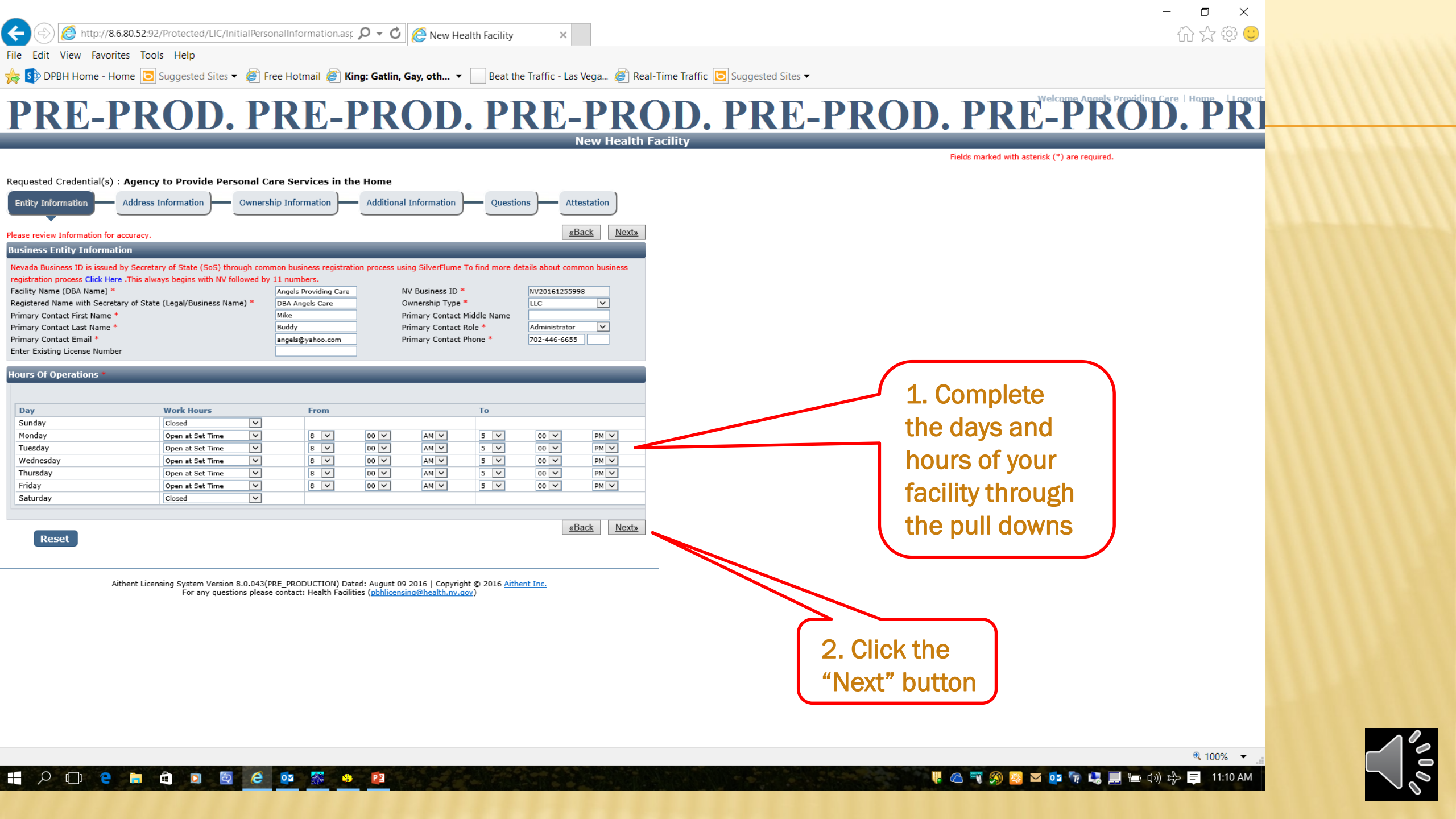
Credential

<input type="radio"/> Facility for the Care of Adults During the Day Checklist	Endorsement	N/A
<input type="radio"/> Residential Facility for Groups – AGC Checklist	Endorsement	<input type="checkbox"/> Alzheimer Disease <input type="checkbox"/> Assisted Living Services <input type="checkbox"/> Chronic illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Residential facility for elderly or disabled persons
<input type="radio"/> Business that Provides Referrals to RFFG Checklist	Endorsement	N/A
<input type="radio"/> Home for Individual Residential Care Checklist	Endorsement	N/A
<input type="radio"/> Hospital Checklist	Endorsement	<input type="checkbox"/> BURNS <input type="checkbox"/> NICU <input type="checkbox"/> OPEN HEART <input type="checkbox"/> PRIMARY STROKE <input type="checkbox"/> STEMI <input type="checkbox"/> TRAUMA <input type="checkbox"/> TRANSPLANT
<input type="radio"/> Rural Hospital Checklist	Endorsement	N/A
<input type="radio"/> Facility for the Treatment of Irreversible Renal Disease Checklist	Endorsement	N/A
<input type="radio"/> Facility for Skilled Nursing Checklist	Endorsement	N/A
<input type="radio"/> Obstetric Center Checklist	Endorsement	N/A
<input type="radio"/> Facility for Hospice Care Checklist	Endorsement	N/A
<input type="radio"/> Hospice Care - Program of Care Checklist	Endorsement	N/A

1. Click here

2. Select the Credential (facility type) and any endorsements





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New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : Agency to Provide Personal Care Services in the Home



Please review information for accuracy.

«Back Next»

Business Entity Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) *	Angels Providing Care	NV Business ID *	NV20161255998
Registered Name with Secretary of State (Legal/Business Name) *	DBA Angels Care	Ownership Type *	LLC
Primary Contact First Name *	Mike	Primary Contact Middle Name	
Primary Contact Last Name *	Buddy	Primary Contact Role *	Administrator
Primary Contact Email *	angels@yahoo.com	Primary Contact Phone *	702-446-6655
Enter Existing License Number			

Hours of Operations *

Day	Work Hours	From	To
Sunday	Closed		
Monday	Open at Set Time	8 00 AM	5 00 PM
Tuesday	Open at Set Time	8 00 AM	5 00 PM
Wednesday	Open at Set Time	8 00 AM	5 00 PM
Thursday	Open at Set Time	8 00 AM	5 00 PM
Friday	Open at Set Time	8 00 AM	5 00 PM
Saturday	Closed		

Reset

«Back Next»

1. Complete the days and hours of your facility through the pull downs

2. Click the "Next" button



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New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : Agency to Provide Personal Care Services in the Home

Entity Information — **Address Information** — Ownership Information — Additional Information — Questions — Attestation

Please review Address Information for accuracy. [Back] [Next]

Mailing Address

Country * United States
Address * 333 Elm Street
City * Las Vegas State/Province * Nevada Apt/Unit/etc.
Zip * 89119-4665 Primary Phone # - Ext * 702-679-4456 County * Clark
Fax Primary-Email * angels@yahoo.com Alternate Phone # - Ext.
Alternate E-mail

Mailing address

Physical Address of Facility

Country * United States
Address * 333 Elm Street
City * Las Vegas State/Province * Nevada Apt/Unit/etc.
Zip * 89119-4665 Primary Phone # - Ext * 702-679-4456 County * Clark
Fax Primary-Email Alternate Phone # - Ext.
Alternate E-mail

Physical address

Secondary Contact (if applicable)

Country United States
Contact Person
Address
City State/Province Nevada Apt/Unit/etc.
Zip Primary Phone # - Ext County * Clark
Fax Primary-Email Alternate Phone # - Ext.
Alternate E-mail

Secondary contact

Reset

[Back] [Next]

Next



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New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : **Agency to Provide Personal Care Services in the Home**

Entity Information — Address Information — **Ownership Information** — Additional Information — Questions — Attestation

«Back Next»

Ownership Information Add

Please click 'Add' to add a new row.

In this section, please include every person that has a 10% or greater ownership regardless of ownership type. Note: If Corporation, LLC or Partnership do not put the name of the corporation here, put it in the Corporation & LLC Information.

Corporation & LLC Information Add

Please click 'Add' to add a new row.

Reset «Back Next»

Click to add individuals/
LLC Partnership information



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New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : Agency to Provide Personal Care Services in the Home

Entity Information | Address Information | Ownership Information

Ownership Detail -- Webpage Dialog

Ownership Detail

Last Name/ Business Name * Buddy/Angels Care First Name Buddy

DOB 08/09/1984 SSN 444-66-8878

% age Share 100.00 Is Current Yes No

Comments

Check all roles that are applicable

Role * Owner Partner Director Other

All owners must undergo a background check. Please click on the [Background Investigation Instructions](#), print the instructions and follow them carefully. Each owner must also click on the [Civil Applicant Waiver Form](#), print the form, complete it and upload it as part of your application by clicking on the Documents() link. If you are unable to upload the document you may fax it or email it to us at pbhlicensing@health.nv.gov Please include the online transaction number with your correspondence. You can attach a scanned copy of the signed form by clicking on documents link, fax it, or mail it to us [Documents\(\)](#)

Mailing Address

Country * United States

Address * 333 Elm Street Apt/Unit/etc.

City * Las Vegas State/Province * Nevada County * Clark

Zip * 89119-4664 Primary Phone # - Ext * 702-446-6655 Alternate Phone # - Ext.

Fax Primary-E-mail * angels@yahoo.com Alternate E-mail

Close Save

Insert Ownership Information, then click the "save" button



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New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : **Agency to Provide Personal Care Services in the Home**

Entity Information — Address Information — Ownership Information — **Additional Information** — Questions — Attestation

«Back Next»

Surety Bond Information Add

Please click 'Add' to add a new row.
Name on the bond of who it was issued to must Match Facility Name.

Complete information for:

Surety bonds

Liability Insurance Information Add

Please click 'Add' to add a new row.
Liability Insurance Certificate must have the Bureau listed as the Certificate Holder and Name and Address of who it was issued to must match Facility Name, and Physical Address.

Liability insurance

Accreditation Information Add

Please click 'Add' to add a new row.
PLEASE COMPLETE THIS SECTION IF YOUR FACILITY IS ACCREDITED AND/OR DEEMED BY AN ACCREDITING ORGANIZATION (if not accredited, you may skip this section)

Accreditation

Is the facility deemed to meet CMS Standards from an accreditation organization such as Joint Commission. * Yes No N/A

Work Station Add

Please click 'Add' to add a new row.
PLEASE COMPLETE THIS SECTION IF YOUR HOSPITAL, HOME HEALTH AGENCY OR HOSPICE HAVE ANY BRANCHES, SUBUNITS, OFF-SITE LOCATIONS OR SATELLITES.

«Back Next»

Work stations

Reset



http://8.6.80.52:92/Protected/LIC/AdditionalInformation.aspx# New Health Facility

File Edit View Favorites Tools Help

DPBH Home - Home Suggested Sites Free Hotmail King: Gatlin, Gay, oth... Beat the Traffic - Las Vega... Real-Time Traffic Suggested Sites

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Welcome Angels Providing Care | Home | Logout

New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : Agency to Provide Personal Care Services in the Home

Entity Information — Address Information — Ownership Information — **Additional Information** — Questions — Attestation

«Back» Next»

Reset

Surety Bond Information

Please click 'Add' to add a new row.
Name on the bond of who it was issued to must Match Facility Name.

Bond Number	Provider Name	Amount
98-9999AM	Angels Care	\$ 10000

Liability Insurance Information

Please click 'Add' to add a new row.
Liability Insurance Certificate must have the Bureau listed as the Certificate Holder and Address.

Accreditation Information

Please click 'Add' to add a new row.
PLEASE COMPLETE THIS SECTION IF YOUR FACILITY IS ACCREDITED AND/OR DI

Is the facility deemed to meet CMS Standards from an accreditation organization?

Work Station

Please click 'Add' to add a new row.
PLEASE COMPLETE THIS SECTION IF YOUR HOSPITAL, HOME HEALTH AGENCY O

Liability Insurance Detail -- Webpage Dialog

http://8.6.80.52:92/Protected/LIC/ALiSLiabilityInsuranceBondInfo.aspx?LicenseId=61626&LoggedInUserBusinessUnit=&CreateApplicationOrNot=

Welcome Angels Providing Care

Fields marked with asterisk (*) are required.

Liability Insurance Detail

Liability Insurance Certificate must have the Bureau listed as the Certificate Holder and Name and Address of who it was issued to must match Facility Name, and Physical Address.

Policy Number *	98-1111BM	Provider Name *	Angels Care
Policy Amount *	10000000	Effective Date *	08/09/2016
Expiration Date *	08/09/2017	Documents	

Comments

Save Close

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For any questions please contact: Health Facilities (pbhlicensing@health.nv.gov)

Certificate holder = Bureau of Health Care Quality and Compliance

Name and address of policy issuant = facility name and physical address

Pop up box appears for liability insurance - complete this info.



PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE

New Health Facility

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Entity Information — Address Information — Ownership Information — **Additional Information** — Questions — Attestation

«Back Next»

Surety Bond Information Add

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Name on the bond of who it was issued to must Match Facility Name.

Bond Number	Provider Name	Amount	Effective Date	Expiration Date
98-9999AM	Angels Care	\$ 10000.00	08/09/2016	08/09/2017

Liability Insurance Information Add

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Policy Number	Provider Name	Amount	Effective Date	Expiration Date
98-1111BM	Angels Care	\$ 1000000.00	08/09/2016	08/09/2017

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Is the facility deemed to meet CMS Standards from an accreditation organization such as Joint Commission. * Yes No N/A

Work Station Add

Please click 'Add' to add a new row.

PLEASE COMPLETE THIS SECTION IF YOUR HOSPITAL, HOME HEALTH AGENCY OR HOSPICE HAVE ANY BRANCHES, SUBUNITS, OFF-SITE LOCATIONS OR SATELLITES.

«Back Next»

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For any questions please contact: Health Facilities (pbllicensing@health.nv.gov)

Accreditation Information

Work Station Information



PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD. PRE-PROD.

New Health Facility

Fields marked with asterisk (*) are required.

Requested Credential(s) : Agency to Provide Personal Care Services in the Home

Entity Information Address Information Ownership Information

Surety Bond Information

Please click 'Add' to add a new row.

Name on the bond of who it was issued to must Match Facility Name.

Bond Number	Provider Name	Amount
98-9999AM	Angels Care	\$ 10000

Liability Insurance Information

Please click 'Add' to add a new row.

Liability Insurance Certificate must have the Bureau listed as the Certificate Holder Address.

Policy Number	Provider Name	Amount
98-1111BM	Angels Care	\$ 10000

Accreditation Information

Please click 'Add' to add a new row.

PLEASE COMPLETE THIS SECTION IF YOUR FACILITY IS ACCREDITED AND/OR DE

Is the facility deemed to meet CMS Standards from an accreditation organization

Work Station

Please click 'Add' to add a new row.

PLEASE COMPLETE THIS SECTION IF YOUR HOSPITAL, HOME HEALTH AGENCY O

Reset

Aithent Licensing System Version 8.0.043(PRE_PROD)
For any questions please contact:

Document Upload -- Webpage Dialog

http://8.6.80.52:92/Protected/LIC/DocumentUpload.aspx?ReferenceType=LIINFO&ReferenceId=141&mode=M&BusinessUnitCode=HHF&IsPopUp

Welcome Angels Providing Care
Fields marked with asterisk (*) are required.

Document Upload

Instructions:
1. Click 'Add' to create a new row.
2. Click 'Browse' on the row to select document. Repeat steps 1 & 2 to select more documents.
3. Click 'Upload' button to attach all selected documents.

Attach Document(s)	Add
Please click 'Add' to add a new row.	

Upload Close

Click "Add"



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New Health Facility

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Click 'Upload' button to attach all selected documents.

Attach Document(s) Add

Document	Comments	Delete
<input type="text" value="Browse..."/>		Delete

Upload Close

Click "Browse" to find the insurance document location



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New Health Facility

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Requested Credential(s) : **Agency to Provide Personal Care Services in the Home**

Entity Information | Address Information | Ownership Information

Document Upload -- Webpage Dialog

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Attach Document(s) Add

Please click 'Add' to add a new row.

Document	Comments	Delete
C:\Don\My Documents\Insurance Doc a <input type="button" value="Browse..."/>	Insurance Document Angels Care	<input type="button" value="Delete"/>

Add comments describing the document uploaded.

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Accreditation Information

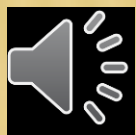
Please click 'Add' to add a new row.
PLEASE COMPLETE THIS SECTION IF YOUR FACILITY IS ACCREDITED AND/OR DE

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New Health Facility

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Requested Credential(s) : **Agency to Provide Personal Care Services in the Home**

Entity Information → Address Information → Ownership Information → Additional Information → **Questions** → Attestation

«Back» Next»

Questions

#	Question	Response
1	Will the facility be performing laboratory testing (such as finger stick glucose, PT/INR or dips stick urine). If yes, please provide the NV State laboratory license number and CLIA number. Click here to get more information about CLIA regulations (www.cms.gov/clia)	<input type="radio"/> Yes <input type="radio"/> No

«Back» Next»

Reset

Click on either "yes" or "no" then click "next."



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New Health Facility

Welcome Angels Providing Care | Home | Logout

Fields marked with asterisk (*) are required.

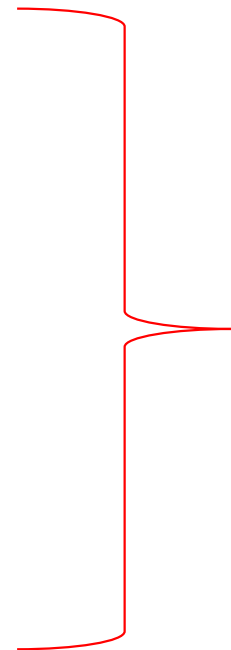
Requested Credential(s) : **Agency to Provide Personal Care Services in the Home**

Attestation

You must check the following:

- I have read the foregoing questions and answered each as indicated. The answers are true and a complete representation to the best of my knowledge. I have read, understand and agree to comply with the rules and regulations pertaining to the specific statutory type of the entity for which this licensure application is herein made. I authorize release of such information as it may pertain to the purpose of this application.
- I have either provided an email address or another method for electronic communication OR I attest that it is not feasible to provide the same and acknowledging that the U.S. mail is the only means which to communicate with you.
- I certify that fingerprint and background check(s) for each person listed on this application will be submitted to the Department of Public Safety. Click here to view instructions to submit the fingerprint process.
- Under penalty of perjury, I attest that Laboratory Testing information provided in this application is correct.
- I understand that upon issuance, all facility licenses expire at the end of each calendar year, no matter when the license is printed or issued. All licensed facilities will receive a renewal notice in the beginning of October and will be required to pay the renewal fee on or before November 15.
- The act of affixing and executing the following signature is made with the present intent to identify myself as the authorized person signing this document and with the present intent to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.
I am declaring, under penalty of perjury, that the information I am about to submit to the Nevada Division of Public and Behavioral Health is true and correct, is not submitted for any improper purpose, and that I am authorized to submit the information.
I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Nevada Division of Public and Behavioral Health, and agree to indemnify the Nevada Division of Public and Behavioral Health, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Nevada Division of Public and Behavioral Health by my use of this electronic filing system.
I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law.
I understand and agree that all information submitted is the property of the Nevada Division of Public and Behavioral Health, and may be monitored for all lawful purposes.
I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose.
I understand that I am responsible for any errors or omissions in the input of information and that I am also responsible for reviewing all information for completeness and correctness prior to submission.
I declare under penalty of perjury that the foregoing is true and correct.

Mike Buddy
 08/09/2016



Check boxes next to each attestation.



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Fee Detail

Fee Details	
Licensing fee (PCS-Agency to Provide Personal Care Services in the Home)	\$1,374.00
Total Fee	\$1,374.00

Payment Amount Here



Do NOT push the "Pay Now" button more than once.
Do not push the go back arrow using your browser. To review or update your application information click on "Edit Application".
Failure to comply with these instructions may result in multiple charges.

[Edit Application](#) [Pay Now](#)

Click "Edit Application" to make any final changes
Click "Pay Now" to pay licensing fee



Thank you for watching!
**STEPS TO ENTER A NEW
APPLICATION IN ALIS (CLICS)**

<http://dpbh.nv.gov>

**Email questions or comments to
nkorme@health.nv.gov**

