

**INSTRUCTIONS FOR LICENSE
APPLICATION
TO CHANGE AN EXISTING LICENSE**

**ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION
IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

STATUS	FEE	ATTACHMENTS
CHANGE OF ADMINISTRATOR	\$250.00	<ul style="list-style-type: none"> - Administrator's license (AGC, ICF, and SNF only) - Administrator's Resume - 3 Signed Letters of Reference - Appointment Letter from Governing Body/Owner with Effective Date - Evidence the Administrator is over 21 (PCA, HIC, HWH, TLF, ADC and ASC only) - Evidence of a High School Diploma or Equivalence (PCA, HIC and ADC only) - RN License or MD License, Healthcare Bachelor's Degree or 1yr of Supervisory Experience in a Health Care Setting (NSP, HHA, & ASC)
FACILITY CHANGE OF NAME	\$250.00	<ul style="list-style-type: none"> - Amended Articles of Incorporation or Organization (if applicable) - Amended Bylaws or Operating Agreement (if applicable) - Amended Certificate of Insurance - Amended Business License - Letter with effective date of change - Amended Lease Agreement - Fictitious Firm Name Form (if applicable) - Certificate of Compliance from die State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)
<p>CHANGE OF LOCATION</p> <p>All facility types must file an application in order to change locations per NRS 449.080(2)</p> <p>.....</p> <p>Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging</p> <hr/> <p>location changes per NAC 449.0168</p> <p>Fee Exceptions: for change of the suite only for HHA Parent, BPR, HPC, NSP and PCA per HCQC policy</p>	<p>INITIAL FEES APPLY REFER TO SCHEDULE</p> <p>----- -</p> <p>All Exceptions \$250</p>	<ul style="list-style-type: none"> - Floor Plan with Dimensions - Amended Certificate of Insurance - Amended Business License - New Lease Agreement - Letter with effective date of change - Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) - 8 X 11 photograph of the facility or agency

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STATUS	FEE	AITACHMENTS
BED INCREASE	\$250.00 Plus Bed Fee (see schedule for bed fee)	<ul style="list-style-type: none"> - Floor Plan with Dimensions of Affected Beds Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) - Group Care Endorsement Form (AGC only) - Hospital Bed Count Form (HOS only)
BED DECREASE	\$250.00	
DIALYSIS STATION INCREASE	\$250	<ul style="list-style-type: none"> - The facility must apply, at least 30 days before the proposed date, submit an application, fee and a proposed station increase letter. - Provide letter of attestation that there are staff to accommodate the increase in stations. - Provide letter of attestation that the water treatment system is safe for the proposed increase in stations.
CHANGE OF OWNERSHIP	INITIAL FEES APPLY REFER TO SCHEDULE	<ul style="list-style-type: none"> - A change of ownership application must be filed immediately (NAC 449.0114(5)). - Change of ownership applications must be completed no more than 45 days after the change occurs. - Please refer to the specific facility checklist found on the Health Facilities "Forms" page for the documents that must accompany the application. - Renewal fees are still due regardless of a Change of Ownership application being submitted towards the end of the year.
ENDORSEMENT CHANGE FOR AGC ONLY	\$250	<ul style="list-style-type: none"> - Group Care Endorsement Form (AGC only) - Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness) <p>*** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living</p>
ENDORSEMENT / CERTIFICATE FOR ISO (INTERMEDIARY SERVICE ORGANIZATION) FOR PCA ONLY	\$250	<ul style="list-style-type: none"> - Policy and Procedures - Certificate of Insurance (Including: Workers' compensation for each personal assistant, Commercial .liability in an amount not less than \$2M in general and not less than \$1M per claim, Insurance coverage for employee dishonesty for not less than \$25K per claim)
CATEGORY CHANGE FOR AGC ONLY	\$250	<ul style="list-style-type: none"> - Group Care Endorsement Form (AGC only) - Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)

When submitting your application packet, you MUST turn in all of the required documents on this checklist or your application will be considered incomplete and returned to you.