

**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 1 yr 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 the 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> <hr/> <p>Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging 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</p> <p>REFER TO FEE SCHEDULE</p> <hr/> <p>All Exceptions \$250</p>	<p style="text-align: center;">ALL INITIAL LICENSURE CHECKLIST ITEMS ARE REQUIRED FOR A CHANGE OF LOCATION</p> <p><i>Please refer to our website for your specific statutory type checklist and fee schedule</i></p> <p>(for all location changes other than change of suite only – see below for change of suite attachments required)</p> <hr/> <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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BED INCREASE BED DECREASE	\$250.00 Plus Bed Fee (see schedule for bed fee) \$250.00	_____ 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)
DIALYSIS STATION INCREASE	\$250	- 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	- 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	_____ Group Care Endorsement Form (AGC only) _____ Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness) *** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living
ENDORSEMENT / CERTIFICATE FOR ISO (INTERMEDIARY SERVICE ORGANIZATION) FOR PCA ONLY	\$250	_____ 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	_____ 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.