



APPLICATION DOCUMENTS FOR
RECOVERY CENTER FACILITY (RCF)
 INITIAL APPLICATION

RETURNED TO DPBH	DOCUMENT	REFERENCE
	FEE OF \$1000	NAC 449.013(1)(n)
	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	NRS 449.065
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	POLICIES AND PROCEDURES INDEX (MUST HAVE FULL MANUAL AVAILABLE FOR SURVEY)	
	PARTNERSHIP AGREEMENT (if applicable)	NAC 449.011(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)
	NAME, TITLE AND PRINCIPAL BUSINESS ADDRESS OF EACH OFFICER AND MEMBER OF ITS GOVERNING BODY	
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	RESUME FOR ADMINISTRATOR	NAC 449.3973(1)(3)
	ADMINISTRATOR'S PROOF OF MD LICENSE, RN LICENSE, HEALTHCARE BACHELORS DEGREE OR 1 YR ADMINISTRATOR EXPERIENCE IN A HEALTH CARE SETTING	
	HIGH SCHOOL DIPLOMA OR EQUIVALENT FOR ADMINISTRATOR	
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
	PROOF THAT ADMINISTRATOR IS 21 YEARS OLD OR OLDER	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
	CIVIL APPLICANT WAIVER	
/	*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)
	FLOOR PLAN IDENTIFYING AFFECTED BEDS	
	<u>ELDER ABUSE, NEGLECT & EXPLOITATION TRAINING</u>	NRS 449.093



	<p>EMResource CONTACT - (new administrator to update their EMResource contact information with Rodney Wright at DPBH Public Health Preparedness, as soon as possible, by emailing rjwright@health.nv.gov to let him know of the new administrator and providing the new administrator's contact information; please upload / attach the copy of that email)</p>	
	<p>MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT (See training schedule on website for webinar date and RSVP information)</p>	<p>NRS 449.123</p>

When submitting your application, you MUST turn in all 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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE