

# CHECKLIST FOR HEALTH CARE INSTITUTION LICENSE APPLICATION AND REQUIRED ATTACHMENTS INITIAL

Your license application packet must include the following:

- License Application For Health Care Institution
- \$50.00 Application Fee (Please include name of facility/agency)
- Services Provided and Staffing Form (Forms provided in package)
- Medical Specialties (if applicable)
- Current Fire Inspection Report from local municipality
- Resume for Administrator
- Lease Agreement (if applicable)
- Board of Directors list or list of Officers of the Corporation
- Licensed Capacity (if applicable)
- Full Accreditation Report and Cover Letter (if applicable)
- Certificate of Occupancy
- Zoning Authority Clearance (original with signatures)
- Floor Plan indicating entrance/exits and rooms being used
- Food Service Report (if applicable)
- Home Health Agency - Roster for T.B./Fingerprinting of staff & Area Map
- Letter of Intent – Include Date Facility will be ready for an On-Site Inspection

## NOTE:

1. Applications are legal documents. DO NOT use correction fluid or correction tape on the license application. Applications must have original signatures. Photocopies of signatures will not be accepted.
2. The Fees must be made payable to the Arizona Department of Health Services. Please include the name of the facility/agency on check.
3. Full Accreditation Report must be from a Nationally Recognized Organization; such as: i.e.; JCAHO, AAAHC, AOA, CARF and CHAP. The report must include all surveyed locations.
4. If this is a Change of Location or a Change of Ownership, please provide the Department a letter of intent with the new location/new owner with the effective date of change.
5. If this is a Change of Location, please submit in writing when the new location will be ready for an inspection.

