HEALTH CARE INSTITUTION
SERVICES PROVIDED

ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – LONG TERM CARE FACILITIES

Name of Health Care Institution:_____License No. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Article 4

Currently Licensed as: Nursing Care Institution And Requesting Authorization to Provide:

Behavioral health services

1. Do you employ or contract your Behavioral Health Professionals? __ Yes - Employ
   __ Yes - Contract
2. Do you employ Behavioral Health Technicians and/or Behavioral Health Para Professionals?
   __ Yes __ No

__ Clinical laboratory services
__ Dialysis services
__ Radiology services and diagnostic imaging services

_____ _____
Authorized Manager or Administrator Signature Title

_____ _____
Authorized Manager or Administrator Signature Title