

LICENSE APPLICATION FOR HEALTH CARE INSTITUTION AND REQUIRED ATTACHMENTS CHECKLIST RENEWAL

Your license application packet must include the following:

- ❑ License Application For Health Care Institution
- ❑ \$50.00 Application Fee (Please include license number of facility/agency).
- ❑ License Fee (See Remittance Form for License Fees)
- ❑ Services and Staffing Provided Form
- ❑ Current Floor Plan
- ❑ Medical Specialties (if applicable)
- ❑ Resume for Administrator
- ❑ Lease Agreement (if applicable)
- ❑ Board of Directors or List of Officers of the Corporation
- ❑ Licensed Capacity (Bed Count) (if applicable)
- ❑ Accreditation Report and Cover Letter (if applicable)
- ❑ Current Food Service Report (if applicable)
- ❑ Roster for T.B. and Fingerprinting for the current 12 months of Home Health Agency staff.

NOTE:

1. **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 Application & Licensing Fees must be made payable to the Arizona Department of Health Services. Please include the license number of the facility/agency.**
3. **Accreditation Report must be from a Nationally Recognized Organization; such as: ie; JCAHO, AAAHC, AOA, CARF, AAASF, AABB, ASHI, COLA, CAP and CHAP. The report must include all surveyed locations.**