Wyoming Department of Health
Office of Healthcare Licensing and Surveys

Critical Access Hospital

Paperwork Requirements for State Licensure

Facility Name: _____________________________________  City: ______________________

____  1. A completed license application form and appropriate fee.

____  2. Copy of the letter/notice received from the Wyoming Dept of Health approving the designation to become a critical access hospital.

____  3. Copy of the formal designation, at a level determined by the critical access hospital, through the Wyoming Department of Health's trauma system enhancement program.

____  4. Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the patient care level.

____  5. Verification of Department of Family Services central registry check on all employees hired.

____  6. Copy of policy and procedure on the quality improvement program.

____  7. Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.

____  8. Copy of policy and procedure on employee health, including communicable and reportable diseases.

____  9. A list of professional specialists who will be providing patient care services.

____  10. Copy of policy and procedure on emergency services and disaster preparedness.

____  11. Copies of any agreements or contracted services.

____  12. Copy of policy and procedure for the quality improvement program.

____  13. Copy of policy and procedure on infection control.

____  14. Copy of menus for a two week period.

____  15. Copy of policy and procedures on advance directives.

____  16. Detailed location of swing-beds (include floor plan) with ALL appropriate policies and procedures. (If applicable)

____  17. Copy of policies and procedures on transfers and discharge planning.

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