

**Wyoming Department of Health  
Office of Healthcare Licensing and Surveys**

**Medical Assistance Facility**

**Paperwork Requirements for State Licensure**

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_

- \_\_\_\_\_ 1. A completed license application form and appropriate fee.
- \_\_\_\_\_ 2. Proof of a fidelity bond of no less than \$2500 augmented in relation to the number of employees.
- \_\_\_\_\_ 3. Verification of Department of Family Services central registry check on self and/or manager, and all employees hired.
- \_\_\_\_\_ 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. Copy of policy and procedure for the quality improvement.
- \_\_\_\_\_ 6. Copy of policy and procedure on employee health, including communicable disease information.
- \_\_\_\_\_ 7. Copy of policy and procedures on advance directives.
- \_\_\_\_\_ 8. Copies of any agreements or contracted services.
- \_\_\_\_\_ 9. Copies of policy and procedures on infection control.
- \_\_\_\_\_ 10. Medical staff must consist of one physician. Provide name and professional license number.
- \_\_\_\_\_ 11. Copy of policy and procedure on fire safety plan.