Wyoming Department of Health
Office of Healthcare Licensing and Surveys

Nursing Care Facility

Paperwork Requirements for State Licensure

Facility Name: ___________________________________ City: ________________

1. A completed license application form and appropriate fee.
2. Administrator’s Wyoming Administrator License Number.
3. 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.
4. Copy of policy and procedure on employee health, including tuberculin testing and communicable disease information.
5. Copy of policies and procedures on admission criteria, including whether specialized rehab services are available.
6. Copy of resident rights.
7. Qualifications of Dietary Manager.
8. Copy of contract with Registered Dietitian.
9. Copy of policies and procedures on transfers and discharge planning.
10. Copy of grievance procedures.
11. Copy of policy and procedure for the quality improvement program.
12. Copy of policy and procedure on emergency care and disaster plans.
13. Copy of contract with Pharmacist.