

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

Rehabilitation Hospital

Paperwork Requirements for State Licensure

Facility Name: _____ City: _____

- _____ 1. A completed license application form and appropriate fee.
- _____ 2. 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.
- _____ 3. Copy of policy and procedure on employee health, including communicable and reportable diseases.
- _____ 4. A list of professional specialists who will be providing patient care services.
- _____ 5. Copy of policy and procedure on emergency services.
- _____ 6. Copies of any agreements or contracted services.
- _____ 7. Copy of policy and procedure for the quality improvement program.
- _____ 8. Copy of policy and procedure on infection control.
- _____ 9. Copy of policy and procedure on disaster preparedness and emergency services.
- _____ 10. Copy of lab's CLIA certificate.
- _____ 11. Copy of policy and procedure for outpatient services, if provided.
- _____ 12. Name of consultant dietitian, if RD is not the dietary supervisor.
- _____ 13. Policy and procedures for therapy services.
- _____ 14. Name of pharmacist and P&Ps