

**AMBULATORY SURGICAL CENTER  
 Checklist for State Licensure**

FACILITY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please mail or E-mail the following items to Healthcare Licensing and Surveys:**

<b>CHECK OFF</b>	<b>ITEM</b>
	1. A completed license application form and required 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 the quality improvement program.
	4. Copy of policy and procedure indicating there shall be one person designated, responsible for maintaining the confidentiality of personnel records.
	5. Copy of policy and procedure on employee health, including communicable and reportable diseases.
	6. Copy of policy and procedures on admissions.
	7. Copy of policy and procedure on all types of transfers.
	8. Copy of policy and procedure on emergency services.
	9. Copy of policy and procedure on Advanced Cardiac Life Support (ACLS), for extended recovery units, if applicable

	10. Policies and procedure for extended care unit, if applicable
	11. Copy of written transfer agreement with hospital, or evidence all physicians performing procedures in the facility have admitting privileges at the hospital.

<b>FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY</b>	
<b>Date:</b>	<b>Surveyor Assigned to Review:</b>
<b>Surveyor Review Summary and Comments:</b>	
<b>Healthcare Surveillance Branch Chief Comments:</b>	
<p><b>Additional Information Needed:</b> <input type="checkbox"/>    <b>Approved:</b> <input type="checkbox"/>    <b>Denied:</b> <input type="checkbox"/></p> <p><b>Date:</b> _____                      <b>Signature:</b> _____</p>	