

**FREESTANDING DIAGNOSTIC TESTING 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. A copy of all policies/procedures written in relation to the services you are planning on providing.
<b>Additional Information for Out-of-State-Based Freestanding Diagnostic Testing Centers</b>	
	3. A notarized statement from a licensed architect which attests the FSDTC is in compliance with the NFPA's Life Safety Coded 101, 1994 edition, Chapter 27 Existing Business Occupancies and the Guidelines for Design and Construction of Hospital and Health Facilities, current edition, Chapter 12 Mobile, Transportable, and Relocatable Units.
	4. A notarized statement from the licensure application which attests the FSDTC is in compliance with the electrical safety requirements as adopted by the State of Wyoming Department of Fire Prevention and Electrical Safety.
	5. A copy of a schedule that includes: <ul style="list-style-type: none"> <li>a) Type of FSDTC to be used;</li> <li>b) The nature, duration, and scope of use;</li> <li>c) The exact location(s) where the FSDTC machine is to be used; and</li> <li>d) States in which the FSDTC is registered and/or licensed.</li> </ul>

**FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY**

**Date:**

**Surveyor Assigned to Review:**

**Surveyor Review Summary and Comments:**

**Healthcare Surveillance Branch Chief Comments:**

**Additional Information Needed:**  **Approved:**  **Denied:**

**Date:** **Signature:**