

**PSYCHIATRIC HOSPITAL  
 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 employee health, including communicable and reportable diseases.
	4. A list of professional specialists who will be providing patient care services, and their qualifications.
	5. Copies of any agreements or contracted services.
	6. Copy of policies and procedures on patient rights.
	7. Copy of grievance procedures.
	8. Copy of policy and procedure for the quality improvement program.
	9. Copy of policy and procedure on infection control.

	10. Copy of policy and procedure which addresses activities involving travel and use of facilities away from the hospital.
	11. Copy of policy and procedure on patient elopement.
	12. Copy of policy and procedure regarding restraints and seclusion.
	13. Copy of CLIA certificate for the laboratory.
	14. Copy of policy and procedure on disaster preparedness.

**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:**