

**REHABILITATION 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.
	5. Copy of policy and procedure on emergency services.
	6. Copy of policy and procedure for the quality improvement program.
	7. Copy of policy and procedure on infection control.
	8. Copy of policy and procedure on disaster preparedness and emergency services.
	9. Copy of lab's CLIA certificate.

	10. Copy of policy and procedure for outpatient services, if provided.
	11. Name of consultant dietitian, if RD is not the dietary supervisor.
	12. Policy and procedures for therapy services.
	13. Name of pharmacist and P&Ps.
	14. Copy of policy and procedure for appointment of medical staff.
	15. Copy of policy and procedures for operating radiology equipment, if applicable.
	16. Copy of job descriptions for nursing personnel.
	17. Copy of policies and procedures for social services.

**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:** \_\_\_\_\_