

Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
Hathaway Building, Suite 510, 2300 Capitol Avenue, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WDH-OHLS@wyo.gov - Website: <http://www.health.wyo.gov/ohls>

FREE-STANDING EMERGENCY CENTERS
Checklist for State Licensure

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

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

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Copy of governing body bylaws.
	3. Copy of qualifications and Wyoming license for the Medical Director.
	4. Copy of policy or procedure to ensure that at all times there is a practitioner or RN on-site who is certified in ACLS, TNCC or ATCN, and PALS.
	5. List of laboratory services provided and a copy of the CLIA certificate if applicable.
	6. Copy of an emergency preparedness plan.
	7. Copy of policy and procedures related to an infection control program.
	8. Evidence of a quality management program.
	9. Copy of a transfer agreement with at least one Wyoming hospital.

