

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:

CHECK OFF	ITEM
	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.
Additional Information for Out-of-State-Based Freestanding Diagnostic Testing Centers	
	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: a) Type of FSDTC to be used; b) The nature, duration, and scope of use; c) The exact location(s) where the FSDTC machine is to be used; and d) States in which the FSDTC is registered and/or licensed.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY	
Date:	Surveyor Assigned to Review:
Surveyor Recommendation Review Summary/Comments:	
Date	Surveyor Signature:
State Survey Agency Director/Administrator (or designee) Comments:	
Additional Information Needed: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	
Date:	Signature:

(08/14/2025)