

APPLICATION DOCUMENTS FOR
AMBULATORY SURGERY CENTER (ASC)
 INITIAL/CHOW APPLICATION

| DATE TO HCQC | DOCUMENT | REFERENCE |
|-----------------|---|--------------------------------------|
| | APPLICATION FORM (must be NOTORIZED ORIGINAL) | NRS 449.040 |
| | FEE OF \$9784.00 | NAC 449.013 |
| | BUSINESS LICENSE ZONING APPROVAL | NAC 449.011(4)(e) NRS 449.040(10) |
| | LEASE AGREEMENT (if applicable) | NAC 449.011(4)(f) |
| | PARTNERSHIP AGREEMENT (if applicable) | NAC 49.011(4)(a)(4) |
| | ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only) | NAC 449.011(4)(g) |
| | GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only) | NAC 449.011(4)(g) |
| | 3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers) | NAC 449.011(3) |
| | FINANCIAL STATUS INFORMATION or STATEMENT | NAC 449.011(3) |
| | RESUME FOR ADMINISTRATOR | NAC 449.981(2)(b) |
| | 3 LETTERS OF REFERENCE FOR ADMINISTRATOR | NAC 449.011(3) |
| | ADMINISTRATOR LICENSE (if applicable) | NAC 449.981(2)(b) |
| | CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHAL | NRS 449.150(1) |
| | MEDICAL LABS ATTESTATION | NRS 652.080 |
| | FLOOR PLAN WITH DIMENSIONS | NRS 449.040(7) |
| | PLAN REVIEW APPLICATION ON FILE (for initial applicants and new construction or remodeling) | NAC 449.9843(5) |
| | BILL OF SALE (for CHOW only) | NRS 449.040(7) |
| | ASC CLASSIFICATION SHEET | |
| | RENEWAL ATTESTATION SHEET | |