Virginia Department of Health

Office of Licensure & Certification

**Initial Hospice Application Check-List**

Date OLC Received: ASE-Q Facility ID:

DBA Name of Facility:

Administrator

Email-Address

Phone

Date of Review: By:

* Application & $500.00 Fee
* List of Governing Body Members & Meeting Minutes
* Job Description:
  + Administrator
  + Nursing Director
  + Financial Manager
* Qualifications:
* Administrator
* Nursing Director
* Financial Manager
* Copy of the Client’s Rights Policies
* Evidence of Office Occupancy
* Copy of Business Plan
* General Liability ( 1 million)
* Malpractice (2.30 Million)
* Copy of the Organizations “Emergency Preparedness Plan”
* Date Application is considered **“COMPLETE”:**

Was applicant notified:

* YES
* NO

Method Notified:

* Email
* Phone
* Mail
* Written “Notification” for survey Date received:
* Date to Supervisor: