INITIAL NARCOTIC TREATMENT PROGRAMS CHECKLIST

FACILITY: ___________________________________________

Please check that you have each of the required items below. Please have a copy of each item ready for the initial licensure inspection. Include this checklist with your application.

___ 1. A copy of the Business License (if required by local Government)

___ 2. Certificate of Occupancy (if required by local Government)

___ 3. Fire Safety Inspection. (if required by local Government)

___ 4. Program description

___ 5. Governing Board

___ 6. Current Budget

___ 7. Current Organizational Chart

___ 8. Pest Control Contract

___ 9. Pharmacy Contract

___ 10. Lab Contract

___ 11. Biohazardous Waste Contract

___ 12. Lease Agreement

___ 13. Sanitation Contract

___ 14. DEA Application—do not send copies of individual, professional licenses

___ 15. C-SAT Application—do not send copies of individual, professional licenses

___ 16. Staff list with title

SIGNATURE__________________________________________________________

By signing this form, I verify that the above items are ready for inspection.

TITLE________________________________________________________________

DATE_________________________________________________________________