

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 _____