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| **Application Date:**Enter text. | **Opening/Effective Date:**Enter text. |
| **Administrator:**Enter text. | **Designated Contact Person:**Enter text. |
| **Designated Contact Person’s E-Mail Address:**Enter text. |
| **Designated Contact Person’s Phone:**Enter text. |
| **NSA DBA Name:**Enter text. |
| **NSA Entity Name:**Enter text. |
| **NSA Address:**Enter text. |
| **NSA Phone:**Enter text. | **NSA Fax:**Enter text. |
| **Register Agent Name:** |
| **Register Agent Address:** |
| **Register Agent Email:** | **Register Agent Phone:** |

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| **Criteria (Each of these must be attached in order for your application to be processed)**: |  **YES** | **NO** |
| NSA License Application |[ ]   [ ]  |
| NSA License Fee and Offsite fee |[ ]  [ ]  |
| NSA’s articles of incorporation or organization, Copy of bylaws ( [ ] Not applicable ) |[ ] [ ]
| Disclosure of Ownership Form | [ ]  |[ ]
| Copy of verification of current active business with the Secretary of State which references the current Registered Agent. |[ ] [ ]
| Copy of the organizational chart of the NSA, including the names and addresses of the person or persons under whose management or supervision the NSA will be operated. |[ ] [ ]
| A statement detailing the experience and qualifications of the applicant to operate a NSA. |[ ] [ ]
| A line of credit issued from a federally insured, licensed lending institution in the amount of at least $25,000. |[ ] [ ]
|  General and professional liability insurance |[ ] [ ]
| Worker’s compensation insurance with a minimum coverage in the amount of one million dollars and proof that the LDH, HSS is specifically identified as the certificate holder. |[ ] [ ]
| A copy of a statewide criminal background check including sex offender registry status, on all applicant(s), owner(s) with five percent or more ownership interest, and administrator/director, for any state lived in within the last five years |[ ] [ ]   |  |
| A statement of the days and hours of operation |[ ] [ ]   |  |
| Proof RN Manager is in good standing with Licensing Board  |[ ] [ ]   |  |

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|  **LDH Use Only** |
| **DATE** |  **Comments** |
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