PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

HOSPITAL/SURGERY CENTER CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following:

		YES	NO	If not enclosed, expected date
1)	Copy of Current DHS Facility License	[]	[]	_____
2)	Copy of Current Pharmacy Permit	[]	[]	_____
3)	Copy of DEA Certificate	[]	[]	_____
4)	Copy of CLIA Certificate	[]	[]	_____
5)	Current Professional Liability	[]	[]	_____
6)	Current General Liability	[]	[]	_____
7)	Completed Application	[]	[]	_____

Comments:_____
_____
_____
_____
_____
_____
_____
_____