

INITIAL DRUG TREATMENT AND EDUCATION
FACILITY 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. IRS Business Tax Identification Proof of Identity

___ 3. Certificate of Occupancy (if required by local Government)

___ 4. Fire Safety Inspection. (if required by local Government)

___ 5. Program description (including ASAM levels)

___ 6. Governing Board

___ 7. Current Budget

___ 8. Current Organizational Chart

___ 9. Pest Control Contract

___ 10. Sanitation Contract

___ 11. Current Client list

___ 12. Staff list with title

SIGNATURE _____

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

TITLE _____

DATE _____