



## **NURSE REGISTRY START-UP INCLUSIONS**

Completion of AHCA Application and Follow-up with Agency  
On-going consultation throughout license process  
One Visits to the facility (additional cost may incur, depending on location)

Policy & Procedures  
Contractor File  
Client File  
Agreements  
Facility Binder  
Log Books  
Forms  
CEMP for one county (additional charge for multiple counties)

Present during AHCA Initial Inspection (additional cost, pending location)

***Note: The applicant is responsible for consulting with zoning, fire, health department and all other local government agencies regarding the structural requirements for the location. These local government agencies can need the signature of the applicant to sign off on documents for this reason Arrendell's cannot obtain these documents. If this is a home business, it is recommended to consult with your local government to satisfy their requirements related to a home business).***

*Content subject to change without notice*



\_\_\_ Initial \_\_\_ Change of Ownership

Registry Information: Answer where applicable and write legibly.

County: \_\_\_\_\_
Name of Registry: \_\_\_\_\_ License # \_\_\_\_\_
DBA: if applicable: \_\_\_\_\_
Full Address: \_\_\_\_\_ County: \_\_\_\_\_
EIN: \_\_\_\_\_ NPI: \_\_\_\_\_
Medicaid Number, if applicable: \_\_\_\_\_ / Medicaid waiver: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_ Website: \_\_\_\_\_
Hours of operation: \_\_\_\_\_ am to \_\_\_\_\_ pm Days of the week: \_\_\_\_\_ to \_\_\_\_\_
Management Company: \_\_\_ Yes \_\_\_ No?

Administrator: \_\_\_\_\_ Cell: \_\_\_\_\_
Full Address: \_\_\_\_\_
Email Address: \_\_\_\_\_
Administrator social security number: \_\_\_\_\_ DOB: \_\_\_\_\_

Alternate Administrator: \_\_\_\_\_ Cell: \_\_\_\_\_
Full Address: \_\_\_\_\_
Email Address: \_\_\_\_\_
Alt. Administrator social security number: \_\_\_\_\_ DOB: \_\_\_\_\_
\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Contractor

Nurse \_\_\_\_\_ RN \_\_\_ LPN License # \_\_\_\_\_
Full Address: \_\_\_\_\_
Telephone: \_\_\_\_\_
\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Contractor

Chief Financial Officer: \_\_\_\_\_
Chief Financial Officer social security number: \_\_\_\_\_

Who owns the property? \_\_\_ Business \_\_\_ You \_\_\_ Other: \_\_\_\_\_
Name: \_\_\_\_\_ Phone \_\_\_\_\_
Full Address: \_\_\_\_\_

OWNERSHP

Owner #1: Full Name: \_\_\_\_\_ %: \_\_\_\_\_
Owner #2: Full Name: \_\_\_\_\_ %: \_\_\_\_\_
Owner #3: Full Name: \_\_\_\_\_ %: \_\_\_\_\_
Owner #4: Full Name: \_\_\_\_\_ %: \_\_\_\_\_

BOARD MEMBERS

BM #1: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
BM #2: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
BM #3: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
BM #4: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_