



## Mock Inspection Request

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Capacity: \_\_\_\_\_ License No.: \_\_\_\_\_ Specialty License: \_\_\_\_\_

Best day for inspection: \_\_\_\_\_ Best Time: \_\_\_\_\_

Med-cart review: \_\_\_\_\_ No \_\_\_\_\_ Yes, if yes, a nurse can attend (there will be an additional charge).

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### Contact Information

Contact Person for inspection: \_\_\_\_\_

Contact Cell Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### I. Facility Information

Facility Name: \_\_\_\_\_

Facility Full Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Facility Email: \_\_\_\_\_

### II. Administrator Information

Name of Administrator: \_\_\_\_\_

Full Address: \_\_\_\_\_

Administrator Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### III. Execute

I hereby agree that the information provided is true and correct to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The process can take up to 4 hours depending on the size and specialty license type.**

Reminders:

1. Admin or designee must be present.
2. Must have a computer.

Notes:

1. Charts will be randomly selected.

Please return the information to  
Email: [office@arrendells.com](mailto:office@arrendells.com)