## DMC Application Table of Contents

### Cover Letter(s)
- General cover letter listing the date, legal entity name, business address, DBA, contact information for individual overseeing the certification application, and USPS certified mail tracking number (optional but helpful for your records).
- Schools only: Cover letter from principal. This takes time so initiate ASAP
- Schools only: Cover letter from District. This takes time so initiate ASAP

### Cover Sheet: Drug Medi-Cal SUD Clinic Application (F6001)
- DHCS Form 6001
- Notarization

### Cover Sheet: NPI Verification
- NPPES confirmation email or NPPES printout verifying site-specific NPI number

### Cover Sheet: Application Fee
- Cashier’s check for $560 (NOTE: MUST be cashier’s check; always refer to PED’s website for current fees as they may change)

### Cover Sheet: TIN Verification
- 501(c)(3) IRS Determination Letter

### Cover Sheet: Driver’s Licenses for all SUD Professionals
- Current copies of driver’s licenses for all direct service staff

### Cover Sheet: Driver’s Licenses of Signatory
- Current copy of driver’s license of program or legal entity representative who will be signing the application (i.e. Executive Director)
- Copy of Board of Director resolution authorizing that person as signatory

### Cover Sheet: Business License
- Copy of business license or exemption. This takes time so initiate ASAP.

### Cover Sheet: Certificate of Liability Insurance and/or Workers Comp
- Current copy of certificate(s), including the exact legal entity name and clinic location

### Cover Sheet: Medical License for MD
- Current copy of the medical license for the Medical Director

### Cover Sheet: Residential License (if applicable)
- Copy of residential license issued by DHCS or other authorized government agency (i.e. DSS)

### Cover Sheet: Medi-Cal Disclosure Statement (F6207)
- DHCS Form 6207 (pages 1-3)
- List of other DMC programs
- DHCS Form 6207 (pages 4-8)
- DHCS Form 6207 (page 9) listing all individuals with 5% or higher control interest in the corporation (i.e. CEO, board members, officers, directors, managing employees)
- DHCS Form 6207 (pages 10-12) for EACH individual with managing control (CEO, BOD members, Officers/Directory, Managing Employees), plus a current copy of their driver’s licenses
- Medi-Cal Disclosure Statement (DHCS Form 6207) pages 13-21
- Notarization

### Cover Sheet: Board of Directors Listing
- Board of Directors Listing, including term expiration dates

### Cover Sheet: Articles of Incorporation
- Agency Articles of Incorporation

### Cover Sheet: Executed Lease
- Signed copy of lease agreement for the clinic location

### Cover Sheet: Live Scan for Agency Officers
- Live Scan requests for the Executive Director, all officers of the entity, and any person with 5% or higher ownership or control

### Cover Sheet: Provider Agreement (F6009)
- DHCS Form 6009
- Notarization

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Always check DHCS website for current fees and forms

8-28-17
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| **DHCS Form 6010 Disclosure for Licensed Professionals (only send once)** |
|---|---|
| DHCS Form 6010 |
| Driver’s License |
| Professional License |
| NPI Verification |
| Professional Liability Insurance |
| Clinics Supervised (MD only) |
| Original Signature |