



# State of Louisiana

Department of Health and Hospitals  
Health Standards Section

## LICENSE RENEWAL CHECKLIST

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Licensing fee
- \_\_\_\_\_ Current onsite approval from the Office of State Fire Marshal
- \_\_\_\_\_ Current onsite approval from the Office of Public Health
- \_\_\_\_\_ Verification of the physician owner's certification in the subspecialty of pain management unless the owner meets the exemption in §7803(B)
- \_\_\_\_\_ Proof of professional liability insurance of at least \$500,000
- \_\_\_\_\_ Proof of maintenance of professional liability insurance of at least \$500,000
- \_\_\_\_\_ Copy of the clinic's current occupational license (indicative of current zoning approval from local government)