



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)