

OMB Approval No. 0938-0685

SECTION 17: ATTACHMENTS

This section contains a list of documents that, if applicable, must be submitted with this enrollment application. Failure to provide the required documents will delay the enrollment process.

- Check the appropriate boxes indicating which documents are being submitted with this application.

NOTE: The licenses, certifications and registrations which must be submitted with this application are those required by Medicare and the State to function as the provider type for which this provider is enrolling (e.g., CLIA and FDA mammography certificates, hazardous waste disposal license, etc.). Local licenses/permits that are not of a medical nature are not required but any business license required to operate as a health care facility **must** be included with this application. Required documents that can only be obtained after a State Survey are not required as part of the application submission but **must** be furnished within 30 days of the provider receiving them. The Medicare contractor will furnish specific licensing requirements for your provider type upon request.

In lieu of copies of the above-requested documents, the enrolling provider may submit a notarized Certificate of Good Standing from the provider's State licensing/certification board or other medical associations. This certification cannot be more than 30 days old.

If the enrolling provider has had a previously revoked or suspended license, certification, or registration reinstated, attach a copy of the reinstatement notice with this application.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated at 5-8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.