

DMC Application Table of Contents

✓	Document (compile in this order)
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/Directors, 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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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