

Alternative Birth Center (ABC) Report of Change Application Checklist for Change of Name

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF NAME

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and address • Facility ID number (if known) • Brief description of request. Include previous and proposed/new name • Previous and proposed/new location • Contact information (name, title, phone number, and email address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

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	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1212]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supportive Document	<p>BOARD RESOLUTION</p> <p>Submit a Board Resolution approving name change</p>
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION [HSC section 1212]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	Supporting Documents	<p>CORPORATION (if applicable) [HSC section 1212]</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • List of Board of Directors (only if additional space is needed to input all board of directors) • A copy of the Resolution authorizing the filing of the application • A copy of authorization of a foreign (out of state) corporation to do business in California <p>Tip</p> <ul style="list-style-type: none"> • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation

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		In addition to this page, corporations are required to complete item 5 on page 2
	Supporting Documents	<p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Organization • LLC Operating Agreement • List of Managing Members (only if additional space is needed to input all managing members) • A copy of the Resolution authorizing the filing of the application • A copy of authorization of a foreign (out of state) corporation to do business in California <p>Tip</p> <ul style="list-style-type: none"> • Page 1, item 3 — The incorporation date is located in the top right corner of the Articles of Organization • Ensure the operating agreement identifies the Capital Contributions, which lists each individual and/or entity that is contributing to the LLC
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p> <p>Tip</p> <ul style="list-style-type: none"> • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	<p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p>PARTNERSHIP</p> <p>Copy of signed Partnership Agreement</p>

MEDI-CAL CERTIFICATION DOCUMENTS REQUIRED FOR ABC

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	DHCS 9098	<p>MEDI-CAL PROVIDER AGREEMENT</p> <ul style="list-style-type: none"> • Do not leave any questions blank. Enter “same” or “N/A” if not applicable • The mailing address must be the same as reported on the HS 200 form, section C, Page 3, item 4 • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable

MEDICARE CERTIFICATION DOCUMENTS REQUIRED FOR ABC

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	CMS 855A	<p>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</p> <ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary