

Ambulatory Surgery Center (ASC) Report of Change Application Checklist for Change of Governing Board

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

REQUIRED DOCUMENTS FOR CHANGE OF GOVERNING BOARD

| <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 • Contact information (name, title, phone number, and e-mail 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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|--|---------------------------------------|--|
| | Supporting Documents | <p>B.3 - ORGANIZATIONAL CHART – OWNER TYPE</p> <p>Submit an organizational chart if the owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> • Applicant’s owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners • Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating - see B.6 |
| | HS 309 1 st Page | <p>ADMINISTRATIVE ORGANIZATION</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p> |
| | Supporting Documents | <p>CORPORATION</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) <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 |
| | Supporting Documents | <p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Organization • Operating Agreement • List of Managing Members (only if additional space is needed to input all managing members) |

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|--|---------------------------------------|--|
| | 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> |

REQUIRED DOCUMENTS FOR MEDI-CAL PROVIDERS ONLY

| <i>Use this space to check if included</i> | Forms and supporting documents | Additional Instructions (Each form listed also has instructions on the form) |
|--|---------------------------------------|---|
| | HS 200 | <p>LICENSURE & CERTIFICATION APPLICATION</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) |
| | HS 215A | <p>APPLICANT INDIVIDUAL INFORMATION [Title 42 Code of Federal Regulations (42 CFR) section 455 Subpart B]</p> <p>Sections A, B, and F must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization <p>Tip</p> <ul style="list-style-type: none"> • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity |