

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

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.

Check all that apply: **Add Service** **Remove Service**

CHECKLIST AND INSTRUCTIONS

REQUIRED DOCUMENTS TO ADD OR REMOVE A SERVICE

<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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST [Health and Safety Code (HSC) section 1226(f)]</p> <p>If construction occurred:</p> <p>The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form</p>

REQUIRED DOCUMENTS FOR MEDI-CAL PROVIDER 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).
	Supporting Documents	<p>A.11 - OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY CONSTRUCTION</p> <p>If construction occurred and if the construction resulted in a new building or addition:</p> <ul style="list-style-type: none"> • Submit a Certificate of Occupancy • This is not applicable if there were alterations or repairs to existing buildings performed or conversion of space