California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

Congregate Living Health Facility (CLHF) and Pediatric Day Health and Respite Care Facility (PDHRC) Report of Change Application Checklist for Change of Director of Nursing

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 DIRECTOR OF NURSING

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • 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

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 215A	**APPLICANT INDIVIDUAL INFORMATION** **CLHF and PDHRC:** [Health and Safety Code (HSC) section 1422(d)] [Title 22 California Code of Regulations (CCR) section 72327] **CLHF:** [HSC section 1267.13(n)] **PDHRC:** [HSC section 1760.4(c)] **Tips** • 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 • Page 2, Section D — Submit ten years of employment history, indicating the start and end dates of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D • Page 2, Section E — If answering yes to any question in this section, complete and attach the facility information sheet
	Supporting Documents	**FACILITY INFORMATION SHEET** The Director of Nursing must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency: • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**RESUME** **CLHF:** [HSC section 1267.13(n)] **PDHRC:** [HSC section 1760.4(c)] [22 CCR section 72327] A resume is required for the Director or Nursing