



General Acute Care Hospital and Acute Psychiatric Hospital Report of Change Application Instructions for Change of Indirect Ownership

To request and submit changes to a licensed facility in California, complete the required application forms and submit them with all of the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete or partially complete applications. Refer to the [sample application packet](#) to assist in completing a Change of Indirect Ownership (CHIO) application.

These instructions assist in preparing a General Acute Care Hospital (GACH) and Acute Psychiatric Hospital (APH) report of change application packet for a CHIO.

Please read each required application form carefully and:

- Provide all requested supporting documents.
- Retain a copy of the completed application forms and supporting documents - CAB may contact the applicant and will refer to the information provided.

Review Process

Pursuant to California Health and Safety Code (HSC) section 1272, within 100-calendar days of receipt, the Department must evaluate and either approve or deny the application.

Submission of Applications

Submit all completed application packets to:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

If you have any questions, please contact the CAB, at (916) 552-8632 or by e-mail at CABHospitals@cdph.ca.gov.