



## **General Acute Care Hospital and Acute Psychiatric Hospital Report of Change Application Instructions for Change of Mailing Address**

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 Mailing Address (CHMA) application.

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

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](mailto:CABHospitals@cdph.ca.gov).