

Home Health Agency Report of Change Application Checklist for Change of Administrator Designee

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 ADMINISTRATOR DESIGNEE

<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 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
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [Title 22 California Code of Regulations (CCR) section 74661 (a)(5) & 74665, (Health and Safety Code (HSC) section 1728)]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Administrator Designee

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		<p>Tips</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 • 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 included 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	<p>FACILITY INFORMATION SHEET</p> <p>Each individual 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:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	<p>RESUME</p> <p>A resume is required for the Administrator Designee</p>

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	CDPH 322	<p>TRANSMITTAL APPLICATION FOR CRIMINAL RECORD CLEARANCE [HSC section 1728.1(a)(2)(A)]</p> <p>Submit the HS 322 form for the following individual:</p> <ul style="list-style-type: none"> • Administrator’s Designee <p>Mail this form to the address indicated on the form</p>
	CDPH 325	<p>CRIMINAL RECORD CLEARANCE SUBMISSIONS [HSC section 1728.1(a)(2)(A)]</p> <p>Submit the CDPH 325 form with the following individual’s name listed on the form:</p> <ul style="list-style-type: none"> • Administrator’s Designee
	BCIA 8016	<p>REQUEST FOR LIVE SCAN SERVICE</p> <p>For out-of-state fingerprint clearance, contact the Centralized Applications Branch at (916) 552-8632 or by e-mail: CAB@cdph.ca.gov</p> <p>Instructions for completion of the BCIA 8016 form are available on the Attorney General’s website: https://oag.ca.gov/fingerprints</p> <p>Refer to the “Sample” BCIA 8016 form on the L&C “Applications for a Home Health Agency” website: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HealthAgency-HHA.aspx</p> <p>The ORI# must be “A1226”.</p>