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

Home Health Agency
Report of Change Application Checklist for
Change of Director of Patient Care Services 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 DIRECTOR OF PATIENT CARE SERVICES DESIGNEE

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 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** [Title 22 California Code of Regulations (CCR) section 74661 (a)(5) & 74665; (Health and Safety Code (HSC) section 1728)] This form must be completed for the following individuals and include original signatures: • Administrator, Administrator Designee, Director of Patient Care Services and the Director of Patient Care Services Designee of the facility • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization • Each individual having a beneficial interest of exceeding 5 percent or more in the applicant organization and/or parent organization **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** 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:

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
		• 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	**RESUME** A resume is only required for the Director of Patient Care Services, and Director of Patient Care Services Designee
	Supporting Documents	**C. PROFESSIONAL LICENSES/CERTIFICATES** [Title 22 CCR section 74703] An active registered nursing license is required for the Director of Patient Care Services and their Designee. Provide a printout of the current license from the Department of Consumer Affairs. (https://search.dca.ca.gov/)