



Outpatient Physical Therapy/Speech-Language Pathology Providers (OPT/SP) Application Instructions for Initial and Change of Ownership Applications

To operate an OPT/SP facility in California, an applicant must fully complete the required application forms and submit them with all of the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete applications. Refer to the [sample application packet](#) to assist in completing an Initial or Change of Ownership (CHOW) application.

These instructions assist in preparing an OPT/SP Initial or CHOW application.

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

CAB receives an application packet and assigns an application ID number in the Electronic Licensing Management System. A CAB analyst conducts a preliminary review of the application packet to validate receipt of all required forms and supporting documents.

Application packets missing forms and/or supporting documents are incomplete. CAB will only process complete applications.

Once validation is complete, a CAB analyst conducts a more extensive review to ensure compliance with state and federal requirements.

The CAB analyst completes the review process and approves the application packet, then sends the application packet to the district office to conduct all required surveys.



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

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