

Primary Care Clinic (PCC) - Affiliate Mobile Clinic Report of Change Application Checklist for Change of Governing Board

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 GOVERNING BOARD

<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 address • Facility ID number (if known) • Brief description of request • Days and hours of operation • Locations serviced by mobile unit • Contact information (name, title, phone number, and email 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: California Health Alert Network (CAHAN) (https://www.calhospitalprepare.org/cahan) • Signature

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	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulations (CCR) section 75021]</p> <p>Tip</p> <ul style="list-style-type: none"> Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN)
	Supporting Documents	<p>B. 3 - ORGANIZATIONAL CHART – OWNER TYPE</p> <p>Submit an organizational chart for the nonprofit corporation. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> Applicant's, directors, board members, and corporate officers <p>Note: Submit the HS 215A form for each of these individuals if different from parent clinic</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [22 CCR sections 75022, 75025] [Health and Safety Code (HSC) sections 1212, 1218.1]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> Administrator of the facility New directors, board members, and corporate officers of the applicant organization <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

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		<p>submit a resume in lieu of completing section D; however, the resume must contain all required information included in section D</p> <ul style="list-style-type: none"> • Page 2, section E — If answer yes to any question in this section, complete and attach the facility information sheet
	<p>HS 215A 3rd Page</p>	<p>FACILITY INFORMATION SHEET</p> <p>Each individual (except for the Administrator) 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
	<p>HS 309 1st Page</p>	<p>ADMINISTRATIVE ORGANIZATION</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	<p>Supporting Documents</p>	<p>CORPORATION [HSC section 1218.1]</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • List of Board of Directors (only if additional space is needed to input all board of directors)

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		<p>Tip</p> <ul style="list-style-type: none"> Page 1, item 3 — The applicant can find the incorporation date is located in the top right corner of the Articles of Incorporation
	Supporting Documents	<p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> Filing Statement from the Secretary of State Articles of Organization Operating Agreement List of Managing Members (only if additional space is needed to input all managing members)
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p> <p>Tip</p> <p>Page 2, item 1 — Health care districts will fill in the circle for other</p>
	Supporting Documents	<p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p>PARTNERSHIP</p> <p>Copy of signed Partnership Agreement</p>