California Department of PublicHealth

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

Primary Care Clinic (PCC) or PCC Affiliate or PCC Consolidated 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 applications. Refer to the **sample application packet** to assist in completing a Change of Mailing Address (CHMA) application.

These instructions assist in preparing a PCC or PCC Affiliate or PCC Consolidated 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

CAB receives an application packet and assigns an application ID number in the Electronic Licensing Management System. A CAB analyst reviews the application packet to validate receipt of all of the required forms and supporting documents. Application packets missing forms and/or supporting documents are incomplete and may result in a delay in processing.

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 CAB at (916) 552-8632 or by e-mail at CAB@cdph.ca.gov.