Primary Care Clinic (PCC) - Intermittent Clinic Notification Checklist for a PCC Converting to an Intermittent Clinic

The following document and information is required to notify CDPH. Failure to include the required document and information will delay processing.

CHECKLIST AND INSTRUCTIONS- *Please submit your documents in this order.*

REQUIRED DOCUMENTS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions**
	Cover Letter	**COVER LETTER** Letter on company letterhead with a brief description of the request and the following information: Primary Care Clinic Converting to Intermittent Clinic: • Licensee • Facility name and address • License number • Facility ID number (if available) • Contact information (name, title, phone number, and e-mail address) Proposed Intermittent Clinic: • Facility name and address • National Provider Identifier • Contact information (name, title, phone number, and e-mail address) • Hours of Operation (daily hours, including any hours closed for lunch; not to exceed maximum allowed weekly hours) Proposed Parent Clinic: • Facility name and address • Facility ID number (if available) • License number • National Provider Identifier

Use this space to check if included	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		• Contact information (name, title, phone number, and e-mail address) • Previously approved intermittent clinic(s) (if applicable) • 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