

Psychology Clinic (PSYCHC) Report of Change Application Checklist for Change of Location

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 LOCATION

<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 ID number (if known) • Brief description of request • Previous and proposed/new location • 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: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION PSYCHC [Health and Safety Code (HSC) section 1212] [Title 22 California Code of Regulation (CCR) section 75311]</p> <p>Tips</p> <ul style="list-style-type: none"> Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supporting Documents	<p>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY [California Building Code (CBC) section 1226] [22 CCR section 75353]</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</p> <p>For PSYCHC:</p> <ul style="list-style-type: none"> Certificate of Occupancy: Certificate from the local building authority <p>For PSYCHC one of the following:</p> <ul style="list-style-type: none"> Written certification: a California licensed architect or the local building authority must provide written certification of Title 24 compliance (OSHPD 3 Standards) stating the building meets the current applicable codes and the following building requirements: <ul style="list-style-type: none"> California Building Code (CBC) California Fire Code (CFC) California Electrical Code (CEC) California Mechanical Code (CMC) California Plumbing Code (CPC) California Administrative Code (CAC) CDPH 270: Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital, to certify the facility conforms to current applicable Title 24

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		(OSHDP 3 Standards). This form must be signed by a California licensed architect or local building authority
	Supporting Documents	D.1 - CONTROL OF PROPERTY Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the licensee
	Supporting Documents	FLOOR PLAN Submit a floor plan showing the dimension of each room and the station placement within each room
	STD 850	FIRE SAFETY INSPECTION REQUEST [22 CCR section 75355] The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHDP Fire Life & Safety (FLS) Inspection approval does not replace this form.