

## Psychology Clinic (PSYCHC) Report of Change Application Checklist for Change of Name

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 NAME

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and address</li> <li>• Facility ID number (if known)</li> <li>• Brief description of request. Include previous and proposed/new name</li> <li>• Previous and proposed/new name</li> <li>• Contact information (name, title, phone number, and email address)</li> <li>• 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: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>

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	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Title 22 California Code of Regulation (CCR) section 75311] [Health and Safety Code (HSC) section 1212]</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> </ul>
	Board Resolution	<p><b>BOARD RESOLUTION</b></p> <p>Submit a Board Resolution approving name change</p>
	HS 309 1 <sup>ST</sup> Page	<p><b>ADMINISTRATIVE ORGANIZATION</b> [22 CCR section 75327]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	Supporting Documents	<p><b>CORPORATION</b> (if applicable)</p> <ul style="list-style-type: none"> <li>• Filing Statement from the Secretary of State</li> <li>• Articles of Incorporation</li> <li>• By-Laws</li> <li>• List of Board of Directors (only if additional space is needed to input all board of directors)</li> </ul> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 1, item 3 — The incorporation date is located in the top right corner of the Articles of Incorporation</li> </ul>

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions</b> (Each form listed also has instructions on the form)
	Supporting Documents	<p><b>LIMITED LIABILITY COMPANY (LLC)</b></p> <ul style="list-style-type: none"> <li>• Filing Statement from the Secretary of State</li> <li>• Articles of Organization</li> <li>• Operating Agreement</li> <li>• List of Managing Members (only if additional space is needed to input all managing members)</li> </ul>
	HS 309 2 <sup>ND</sup> Page	<p><b>ORGANIZATIONAL STRUCTURE</b></p> <p>Only complete fields that are applicable to applicant's entity type</p> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 2, item 1 — Health care districts will fill in the circle for other</li> </ul>
	Supporting Documents	<p><b>PUBLIC AGENCY</b></p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p><b>PARTNERSHIP</b></p> <p>Copy of signed Partnership Agreement</p>