

Surgical Clinic (SURGC) and Surgical Clinic/Ambulatory Surgery Center (SURGC/ASC) 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 CHANGE OF GOVERNING BOARD

Use this space to check if included Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
Cover Letter	Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request • 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



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	HS 200	LICENSURE & CERTIFICATION APPLICATION [HSC section 1212]
		Tips
		 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) 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	B.3 - ORGANIZATIONAL CHART – OWNER TYPE [HSC section 1212]
		Submit an organizational chart if the owner is a for-profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:
		Applicant entity Licensed-Only SURGC
		 Applicant's direct and indirect owners with 10 percent or more ownership interest in the applicant entity (include ownership percentages) Officers and directors of applicant and any entity with 10 percent or more ownership interest in the applicant
		Licensed and Certified SURGC/ASC
		 Applicant's direct and indirect owners with five percent or more ownership interest in the applicant entity (include ownership percentages) Officers and directors of applicant and any entity with five percent or more ownership interest in the applicant
		Note: Submit the HS 215A form for each of these individuals



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		 Management company, if applicable Owners, officers and directors
		All other licensed and/or certified facilities operated by applicant's parent company and/or management company, if applicable
	HS 215A	APPLICANT INDIVIDUAL INFORMATION [Title 42 Code of Federal Regulations (CFR) section 455 subpart B and 420 subpart C] [HSC section 1212]
		This form must be completed for the following new:
		 Administrator of the facility Parent Company (if applicable) Directors, board members, corporate officers of the PARENT organization Owners, officers, directors of management company, if applicable
		Licensed-Only SURGC
		 Individual direct and indirect owners with 10 percent or more ownership interest in the applicant entity Officers and directors of applicant and any entities with 10 percent or more ownership interest in the applicant
		Licensed and Certified SURGC/ASC
		 Individual direct and indirect owners with five percent or more ownership interest in the applicant entity Officers and directors of applicant and any entity with five percent or more ownership interest in the applicant
		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.



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		 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 submit a resume in lieu of completing section D; however, the resume must contain all required information included in section D Page 2, Section E – If answering yes to any question in this section, complete and attach the facility information sheet
	Supporting Documents	FACILITY INFORMATION SHEET
	Documents	Each individual 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:
		 Facility name Facility address Type of facility Type of business entity (include EIN Number) Individual's nature of involvement Individual's dates of involvement
	HS 309 1 st Page	ADMINISTRATIVE ORGANIZATION [HSC section 1212]
		Along with the HS 309, the following supporting documents according to organizational type must be submitted:
	Supporting Documents	 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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		Tip
		Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation
	Supporting Documents	LIMITED LIABILITY COMPANY (LLC)
	Documents	 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	ORGANIZATIONAL STRUCTURE
	Page	Only complete fields that are applicable to applicant's entity type
		Тір
		Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	PUBLIC AGENCY
	Documents	Copy of signed Resolution
	Supporting Documents	PARTNERSHIP
	Documents	Copy of signed Partnership Agreement