

Licensing and Certification Application Letters and Checklist

Health Facility
<ul style="list-style-type: none"> • Adult Day Health Center Application Request Letter and Instructional Checklist • Chronic Dialysis Clinic (End-Stage Renal Disease) (PDF) • Clinic Facility Application Request Letter and Checklist • General Acute Care Hospital Application Request Letter and Instructional Checklist • Home Health Agency Application Request Letter and Checklist • Intermediate Care Facility for the Developmentally Disabled Facility Application Request Letter and Checklist • Management Company Application Request Letter and Checklist • Skilled Nursing Facility Application Request Letter and Checklist
Healthcare Professional
<ul style="list-style-type: none"> • Frequently Asked Questions--About Becoming a Nursing Home Administrator • Nursing Home Administrator Program--2008 Dates to Remember Flyer • Nursing Home Administrator Examination Instruction--2008

All Licensing and Certification Forms

Form Number	Form Title
BCII 8016	Request for Live Scan Service <ul style="list-style-type: none"> • Sample Form for Licensee, Administrators, Adult Day Health Care, and Direct Care staff of ICFDD, ICFDDN, ICFDDH Facilities • Sample Form for certification of Nurse Assistants or Home Health Aids
CDPH 241	Application for Cardiovascular Surgery Service
CDPH 242	Application for Chronic Dialysis Service
CDPH 243	Application for Dental Service
CDPH 245	Application for Nuclear Medicine Service
CDPH 246	Application for Outpatient Service
CDPH 247	Application for Pediatric Service
CDPH 248	Application for Perinatal Unit
CDPH 249	Application for Podiatric Service
CDPH 250	Application for Psychiatric Unit
CDPH 251	Application for Radiation Therapy Service
CDPH 252	Application for Renal Transplant Center
CDPH 253	Application for Respiratory Care Service

Form Number	Form Title
CDPH 255	Application for Social Service
CDPH 256	Application for Social Service Standby Emergency Medical Service, Physician on Call
CDPH 257	Application for Basic Emergency Medical Service, Physician on Duty
CDPH 258	Application for Comprehensive Emergency Medical Service
CDPH 259	Application for Rehabilitation Center
CDPH 260	Application for Occupational Therapy Service
CDPH 261	Application for Physical Therapy Service
CDPH 262	Application for Speech Pathology and/or Audiology Service
CDPH 263	Application for Acute Respiratory Care Service
CDPH 264	Application for Burn Center
CDPH 265	Application for Coronary Care Service
CDPH 266	Application for Intensive Care Newborn Nursery Service
CDPH 267	Application for Intensive Care Service
CDPH 325	Criminal Record Clearance Submissions
CDPH 268	Application for Supplemental Services Approval
CDPH 327	<p>California Standard Admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities</p> <ul style="list-style-type: none"> ❖ Attachment A: Resident Bill of Rights ❖ Attachment B-1: Supplies and Services Covered in the Basic Daily Rate for Private Pay and Privately Insured Residents ❖ Attachment B-2: Optional Supplies and Services Not Included in the Basic Daily Rate for Private Pay and Privately Insured Residents ❖ Attachment C-1: Supplies and Services Included in the Basic Daily Rte for Medi-Cal Residents ❖ Attachment C-2: Supplies and Services Not Included in the Medi-Cal Basic Daily Rate That Medi-Call Will Pay the Dispensing Provider for Separately ❖ Attachment C-3: Optional Supplies and Services Not Covered by Medi-Cal That May Be Purchased by Medi-Cal Residents ❖ Attachment D-1: Supplies and Services Covered by the Medicare Program for Medicare Residents ❖ Attachment D-2: Optional Supplies and Services Not Covered by Medicare That May Be Purchased by Medicare Residents ❖ Attachment E: Authorization for Disclosure of Medical Information
CDPH 414	Application for Health Facility Change of Location
CDPH 500	AIT Application for Nursing Home Administrator State Exam and License
CDPH 501	Administrator in Training (AIT) Evaluation Report
CDPH 502	Application for AIT Program
CDPH 503	Application for Nursing Home Administrator State Examination
CDPH 504	Application for Nursing Home Administrator State Examination and License
CDPH 505	Application for Nursing Home Administrator National Examination

Form Number	Form Title
CDPH 506	Application for Nursing Home Administrator License
CDPH 507	Application to Become an Administrator-in-Training (AIT)
CDPH 508	Application to Become a Provider of Continue Education
CDPH 509	Continuing Education Course Completed for Active License Renewal
CDPH 510	Declaration and Request for Replacement License
CDPH 511	Instructor Application for C. E. Credit
CDPH 512	License Renewal Affidavit for Nursing Home Administrators
CDPH 513	Licensee's Request for Course Approval
CDPH 514	NHA/Facility Profile Sheet
CDPH 515	Preceptor Continuing Education Credit Application
CDPH 516	NHAP Preceptor Training Registration Form
CDPH 517	Provider Request for Course Approvals for Seminars, Workshops, and Conferences
CDPH 518	Provider Request for Course Approval
CDPH 519	Provider Request for Course Renewal
CDPH 520	Re-Examination Application for Nursing Home Administrator State Examination
CDPH 521	Re-Examination Application for Nursing Home Administrator National Examination
CDPH 522	Request for Provider Renewal
CDPH 523	Special Accommodation Request for Examination
CDPH 524	Master's or Reciprocity Application for Nursing Home Administrator Examination
CDPH 525	Application for Provisional License
CDPH 526	Frequently Asked Questions (About Becoming a Nursing Home Administrator)
CDPH 527	Nursing Home Administrator Examination Instructions
CDPH 709	Client Accommodations Analysis
CDPH 930	Request for Adult Day Health Care (ADHC) Center Moratorium Exemption
CDPH 931	Verification of Current Nurse Assistant Certification
CDPH 5000	Program Flexibility
CMS 1561	Health Insurance Benefit Agreement
CMS 1561A	Health Insurance Benefit Agreement (Rural Health Clinics)
CMS 1572 (a)(b)	Home Health Agency Survey and Deficiencies Report
CMS 29	Instructions for Completing Request to Establish Eligibility to Participate in the Health Insurance for the Aged and Disabled Program to Provide Rural Health Clinic Services
CMS 3070 G	Intermediate Care Facility for Persons with Mental Retardation Survey Report

Form Number	Form Title
CMS 671	LTC Facility Application for Medicare and Medi-Cal
CMS 855A	Medicare Enrollment Application
DHCS 1051	Civil Rights Compliance Review
DHCS 9098	Instructions for Completion of the Medi-Cal Provider Agreement (Institutional Provider)
HHS 690	Assurance of Compliance  Medicare Certification Civil Rights Information Request Form
HS 0929	CNA/HHA/CHT--Request to Change Address and/or Name
HS 112	Consultation Request
HS 183	Home Health Aide (HHA) Certification List
HS 192	Application for Initial or Renewal Approval as a Continuing Education Provider
HS 200	Licensure & Certification Application
HS 215A	Applicant Individual Information
HS 269	Application for Medi-Cal Certification as a Primary Care Clinic Provider
HS 276	Nurse Assistant Certification Training Program Application
HS 276 A	Sample Form (May be used by provider) Nurse Assistant Training Program Skills Checklist
HS 276 B	Daily Nurse Assistant Training Program Schedule HS 276 B-SAMPLE
HS 276 C	Nurse Assistant Certification Training Program Individual Student Record Skills Checklist
HS 276 D	Disclosure of Ownership and Control Interest Statement
HS 278 A	Nurse Assistant Orientation Program Content
HS 278 B	In-Service Training Program
HS 279	Director of Staff Development/Instructor Application
HS 283 A	Certified Nurse Assistant In-Service Training/Continuing Education
HS 283 B	Nurse Assistant and/or Home Health Aide Initial Application
HS 283 C	Nurse Assistant and/or Home Health Aide Renewal Application
HS 283 F	Certified Hemodialysis Technician
HS 283 H	Certified Home Health Aide In-Service Training/Continuing Education
HS 283 I	Transmittal for Criminal Background Clearance Initial / Renewal Application
HS 309	Administrative Organization
HS 318	CNA/HHA Report of Misconduct
HS 322	Transmittal Application for Criminal Background Investigation
HS 328	Notice - Effective Date of Provider Agreement
HS 400	Affidavit Regarding Patient Money
HS 402	Surety Bond Verification

Form Number	Form Title
<u>HS 403</u>	Financial Statement
<u>HS 602</u>	Transfer Agreement Between
<u>HS 609</u>	Bed or Service Request
<u>HS 610</u>	Medically Underserved or Health Professional Shortage Areas
<u>PM 284 (Eng/SP)</u>	Sterilization Consent Form (Non-Federally Funded)
<u>STD 850</u>	Fire Safety Inspection Request