PRINT

CERTIFICATION FORM FOR CLINICS AND FREESTANDING OUTPATIENT CLINIC SERVICES OF A HOSPITAL

I certify that the following facility conforms to current applicable edition of the California Building Standards Code¹ and as such meets the applicable clinic standards (HCAI 3) propounded by the Health Care Access and Information (HCAI).

Project Submittal Date ² :			
Facility:			
Street Address:			
City:			
Type of Facility:			
 Chronic Dialysis CI Surgical Clinic³ Rehabilitation Clinic Primary Care Clinic Alternative Birth Ce Psychology Clinic Outpatient Clinic Se of a Hospital 	c c enter		
Name:			
Title:			
Street Address:			
City:			
	Signature:		
	Date:		

¹ Enforceable Code at time of Preliminary or Final project submittal shall be in accordance with HCAI Code Application Notice (CAN) 1-0. The Code Application Notice (CAN) clarifies the application and enforcement of California Code of Regulations (CCR), Title 24, including revisions to the code, for projects submitted to the Health Care Access and Information (HCAI) or the local building authority to ensure consistent application and enforcement. To view CAN 1-0 go to: Enforceable Codes Notice

² Enter submittal date of project to HCAI or local building authority.

³ Per Health and Safety Code § 129885 certification of chronic dialysis and surgical services are required to be provided by city or county building department with jurisdiction over the project. If the building jurisdiction will not be providing this certification, plans shall be submitted to HCAI for certification review.