

# Intermittent Clinic – Notification/Documentation Checklist

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**Purpose** The following information and checklist provides directions for licensed primary care clinics (PCC) community/free submitting written notification and/or documentation to request and/or notify the California Department of Public Health (CDPH) of any intermittent clinic pursuant to Health and Safety Code (HSC) section 1206(h) and Assembly Bill 2204.

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**Types of Intermittent Clinics to Report** A licensed PCC is required to notify CDPH, whether it is currently operating an intermittent clinic, the location of any intermittent clinic, and the estimated hours of operation of any intermittent clinic.

The following must be reported.

- Change intermittent clinic hours of operation
  - Change of intermittent clinic location
  - Change of parent clinic
  - Converting an existing primary care clinic to an intermittent clinic
  - New intermittent clinic request
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**Reporting Timeframes** Statute requires a licensed PCC to report to CDPH in writing, when renewing its license, whether it is currently operating an intermittent clinic. However, for providers seeking Medi-Cal or Medicare enrollment, to avoid delays, do not wait until the license renewal period to notify CDPH of an intermittent clinic. This can be done before.

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**Where to Submit Intermittent Clinic Notifications** Submit documentation and forms to:  
  
California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Branch  
P.O. Box 997377, MS 3207  
Sacramento, CA 95899-7377

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**Review Process** Once the written notification is received and assigned to an analyst the:

- Centralized Applications Branch (CAB) analyst will review the written notification to ensure all required information and/or documents are received and complete.
- If information is missing or incorrect, the analyst will contact the provider by email, letter or phone to obtain the information.
- Once the notification is deemed complete, the analyst will notify the applicant and appropriate district office by letter, e-mail or phone and will either, 1) forward the notification and documents to the appropriate district office if a new license is not required, or 2) if a new license is required, CAB will issue a license and forward the notification and documents to the appropriate district office.

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**Questions** For assistance on reporting an intermittent clinic, contact the Centralized Applications Branch at [CAB@cdph.ca.gov](mailto:CAB@cdph.ca.gov) or (916) 552-8632.

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**Change  
Intermittent  
Clinic Hours  
of Operation**

The following written notification on corporate letterhead is required to notify CDPH of any change of hours of operation for the intermittent clinic that was previously approved by CDPH.

Required Document	Form Name	Intermittent Clinic Hours of Operation
<p><u>Written Notification</u> on corporate letterhead with the following information:</p> <p><b><u>Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Intermittent Clinic(s)</u></b></p> <ul style="list-style-type: none"> <li>• Intermittent Clinic Name</li> <li>• Address</li> <li>• Contact Information</li> <li>• New Hours of Operation</li> </ul> <p>[HSC section 1206(h)]</p>		X

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**Change of  
Intermittent  
Clinic  
Location**

The following written notification on corporate letterhead and document are required to notify CDPH of any change of location of the intermittent clinic that was previously approved by CDPH.

Required Document	Form Name	Intermittent Clinic Location
<p><u>Written Notification</u> on corporate letterhead with the following information:</p> <p><b><u>Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Intermittent Clinic(s)</u></b></p> <ul style="list-style-type: none"> <li>• Intermittent Clinic Name</li> <li>• New Address</li> <li>• Contact Information</li> <li>• Hours of Operation</li> </ul> <p>[HSC section 1206(h)]</p>		X
<p><a href="#"><u>STD 850</u></a></p>	<p>Fire Safety Inspection Request</p>	X

# Intermittent Clinic – Notification/Documentation Checklist

**Change of Parent Clinic**

The following written notification on corporate letterhead is required to notify CDPH of any change of parent clinic for the intermittent clinic that was previously approved by CDPH.

Required Document	Form Name	Parent Clinic
<p><u>Written Notification</u> on corporate letterhead with the following information:</p> <p><b><u>Current Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>New Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Intermittent Clinic(s)</u></b></p> <ul style="list-style-type: none"> <li>• Intermittent Clinic Name</li> <li>• Address</li> <li>• Contact Information</li> <li>• Hours of Operation</li> </ul> <p>[HSC section 1206(h)]</p>		X

# Intermittent Clinic – Notification/Documentation Checklist

**Converting an Existing PCC to an Intermittent Clinic**

The following written notification on corporate letterhead and PCC license are required to notify CDPH of converting an existing licensed PCC that was previously approved by CDPH to an intermittent clinic.

Required Document	Form Name	PCC to Intermittent Clinic
<p><u>Written Notification</u> on corporate letterhead of intent to surrender PCC license to CAB and convert to an intermittent clinic with the following information:</p> <p><b><u>PCC</u></b></p> <ul style="list-style-type: none"> <li>• Licensee</li> <li>• Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Intermittent Clinic(s)</u></b></p> <ul style="list-style-type: none"> <li>• Intermittent Clinic Name</li> <li>• Address</li> <li>• Contact Information</li> <li>• Hours of Operation</li> </ul> <p>[HSC section 1206(h)]</p>		X
Surrender of Facility License to CAB		X

# Intermittent Clinic – Notification/Documentation Checklist

**New  
Intermittent  
Clinic  
Request**

The following written notification on corporate letterhead and document are required to notify CDPH of a new intermittent clinic.

Required Document	Form Name	New Intermittent Clinic
<p><u>Written Notification</u> on corporate letterhead with the following information:</p> <p><b><u>Parent Clinic</u></b></p> <ul style="list-style-type: none"> <li>• Parent Clinic Name</li> <li>• Address</li> <li>• Facility number</li> <li>• License number</li> <li>• Contact information</li> </ul> <p><b><u>Intermittent Clinic(s)</u></b></p> <ul style="list-style-type: none"> <li>• Intermittent Clinic Name</li> <li>• Address</li> <li>• Contact Information</li> <li>• Hours of Operation</li> </ul> <p>[HSC section 1206(h)]</p>		X
<p><a href="#">STD 850</a></p>	<p>Fire Safety Inspection Request</p>	X