General Acute Care Hospital and Acute Psychiatric Hospital Report of Change Application Instructions for Change of Service

To request and submit changes to a licensed facility in California, complete the required application forms with all identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete or partially complete applications. CAB provided a **sample application packet** to assist in completing a Change of Service (CHOS) application.

These instructions assist in preparing a General Acute Care Hospital (GACH) and Acute Psychiatric Hospital (APH) report of change application package for a CHOS (add a service(s), remove a service(s), equipment change, and mobile unit, with the exclusion of expanding a service(s)).

Please read each required application form carefully and:

- Provide all requested supporting documents.
- Retain a copy of the completed application forms and supporting documents - CAB may contact the applicant and will refer to the information provided.

Review Process

Pursuant to California Health and Safety Code (HSC) Section 1272, within 100-calendar days* of receipt, the Department must evaluate and either approve or deny the application. Failure to provide requested documents within the timeline will result in denial of the application by the Department.

The district office must within 30-business days from the date of an approved written application, complete an on-site survey and submit its findings to the Department. The Department shall issue a new or revised license on or before the 31st business day following approval of the application.

*Excludes expansion of an existing service. Upon receipt of a completed application, the Department shall process an expansion of service application within 30-business days.

Submission of Applications

Submit completed application packages and payments:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

If you have any questions, please contact the CAB, at (916) 552-8632 or by e-mail at CABHospitals@cdph.ca.gov.