

**LICENSING AND CERTIFICATION FOR AN
AFFILIATE PRIMARY CARE CLINIC APPLICATION**

Please read the attached instructions before filling out form.

A. APPLICATION INFORMATION

- 1. Amount of Fee Enclosed: \$
- 2. Type of Affiliate Clinic: Community Free Mobile

B. CLINIC CORPORATION (LICENSEE) INFORMATION

- 1. Clinic Corporation Name:
- 2. Federal Employer’s Tax ID number:
- 3. CEO/Executive Director Name: Title:
- 4. Mailing Address:
- 5. Phone Number: Fax Number: E-mail Address:

C. PARENT CLINIC INFORMATION

- 1. Name of Parent Clinic:
- 2. Parent Clinic’s Physical Address:
- 3. Parent Clinic’s License Number:

D. AFFILIATE CLINIC INFORMATION

- 1. Name of Proposed Affiliate Clinic:
- 2. Affiliate Clinic’s Physical Address:
- 3. Affiliate Clinic’s Mailing Address:
- 4. Affiliate Clinic’s Phone Number: Fax Number:
- 5. Name of Administrator in Charge of Clinic:
- 6. Days and Hours of Operation:
- 7. Types of Services to be Provided:

E. MOBILE CLINICS ONLY

- 8. Proposed Areas to Serve:
- 9. Type and Manufacturer:

F. PROPERTY INFORMATION (Does not apply to mobile clinics)

- 1. Property ownership. Check one and submit evidence of control of property.
Own Rent Lease Sublease Memorandum of Understanding

G. CERTIFICATION INFORMATION

1. Do you wish to apply for the Medi-Cal (Medicaid) Program? Yes No

2. Joint Commission/AAAHHC Accredited: Yes No

I (We) Accept Responsibility to:

- a. Comply with local ordinances concerning zoning, sanitation, building, and other appropriate ordinances.
- b. Comply with Labor Code on employment practices concerning nondiscrimination, liability insurance, wages, hours, and working conditions.
- c. Comply with Health and Safety Code statutes and California Code of Regulations, Title 22, concerning licensing and fire safety.

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my knowledge.

Signature: _____ Title:

Date:

Printed Name:

INSTRUCTIONS FOR LICENSURE & CERTIFICATION FOR AN AFFILIATE PRIMARY CARE CLINIC

A. APPLICATION INFORMATION

1. Make check payable to the Department of Public Health.
2. Mark the type of clinic. If you marked mobile clinic, please refer to the affiliate letter and checklist for additional documents required.

B. CLINIC CORPORATION INFORMATION

1. Enter the clinic corporation's full legal non-profit organization name.
2. Enter the clinic corporation's Federal Employer's Tax ID Number.
3. Enter the name of the CEO or executive director and the individual's title.
4. Enter the mailing address of the clinic corporation (administrative headquarters).
5. Enter the telephone and fax number, including area code, and e-mail address for the clinic corporation.
6. Submit a current list of clinic corporation board members.

C. PARENT CLINIC INFORMATION

1. Enter the name of the "parent clinic" that meets the necessary requirements for the affiliate licensure process.
2. Enter the parent clinic's physical address, city, state and zip code.
3. Enter the parent clinic's license number.

D. AFFILIATE CLINIC INFORMATION

1. Enter the name of the proposed affiliate clinic.
2. Enter the affiliate clinic's physical address, city, state and zip code.
3. Enter the preferred mailing address for the proposed affiliate clinic.
4. Enter the affiliate clinic's phone and fax number including area code.
5. Enter the name of the administrator in charge of the proposed affiliate clinic.
6. Enter the days and hours of operation.
7. Enter the type of services to be provided.

E. MOBILE HEALTH UNIT

8. For mobile clinics only – Enter the proposed areas the mobile clinic will be serving.
9. For mobile clinics only – Enter the type and manufacturer of the mobile health care unit.

F. PROPERTY INFORMATION

1. Mark the type of property ownership.

G. CERTIFICATION INFORMATION

1. Mark yes if you wish to apply for the Medi-Cal program.
2. Mark yes or no if you wish to apply with either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Accreditation Association for Ambulatory Health Care (AAAHC).

The affiliate clinic form shall be signed by an officer of the clinic corporation's board of directors or the clinic corporation's chief executive officer or executive director.