



## **End-Stage Renal Disease (ESRD) Clinic Application Instructions for Initial and Change of Ownership Applications**

To receive a health facility certification in California, an applicant must fully complete the required application forms and submit them with all of the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete applications. Refer to the [sample application packet](#) to assist in completing an Initial or Change of Ownership (CHOW) application.

These instructions assist in preparing an ESRD Initial or CHOW application for certification.

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**

CAB receives an application packet and assigns an application ID number in the Electronic Licensing Management System. A CAB analyst conducts a preliminary review of the application packet to validate receipt of all required forms and supporting documents. The application packet fee is not due until a CAB analyst validates that the application is complete. To prevent a health facility license from expiring submit a license renewal application and license renewal fee(s).

Application packets missing forms and/or supporting documents are incomplete. CAB will only process complete applications.

Once validation is complete, a CAB analyst notifies the provider to submit the payment needed to process the application packet and conducts a more extensive review to ensure compliance with state and federal requirements.

The CAB analyst completes the review process and approves the application packet, then sends the application packet to the district office to conduct all required surveys.



Center for Health Care Quality  
Licensing and Certification Program  
Centralized Applications Branch

## **Submission of Applications**

Submit all completed application packets to:

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 questions, please contact the CAB, at (916) 552-8632 or by e-mail at [CAB@cdph.ca.gov](mailto:CAB@cdph.ca.gov).