



## **Primary Care Clinic (PCC) - Intermittent Clinic Notification Application Instructions for a PCC Converting to an Intermittent Clinic**

To operate an intermittent clinic 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 notification application packet](#) to assist in completing a conversion notification application.

These instructions assist in preparing an existing PCC to convert to an intermittent clinic notification application.

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 a notification application packet and a CAB analyst conducts a preliminary review to validate receipt of all required forms and supporting documents. Notification application packets missing forms and/or supporting documents are incomplete. CAB will only process complete applications.

A full review will occur after a CAB analyst validates receipt of a complete notification application packet and that the parent license listing the new intermittent clinic is not expired. To prevent a health facility license from expiring submit a license renewal application and license renewal fee(s).

After a CAB analyst completes the full review and approves the notification application packet, CAB issues a new license and forwards the notification application packet to the district office.

### **Payments**

To issue an updated parent license listing the new intermittent clinic, the existing parent license may not be expired. A parent license renewal application and license renewal fee(s) must be sent in separately and received to prevent a health facility license from expiring.



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

## **Submission of Notification Applications**

Submit all completed notification 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).