

## Change of Facility Name

### Required Documents

#### ONLINE APPLICATION PDF FORM

- Embedded and generated by online system

#### CERTIFICATION DOCUMENTS

- [DHCS 9098](#) form – Medi-Cal Provider Agreement
- Copy of the resolution from the Board of Directors or a copy of the meeting minutes approving the name change

#### Helpful Tip:



- **If you are requesting to change the name of an outpatient clinic, submit a Change of Service (CHOS) application.**