

Change of Services - Onsite

Required Documents

ONLINE APPLICATION PDF FORM

- Embedded and generated by online system

ADDITION, EXPANSION, OR REACTIVATION OF SERVICES

- Department of Health Care Access and Information (HCAI) Certificate of Occupancy (CO), Construction Final (CF) or Substantial Completion (SC) (Not required for reactivation)
- Floor plan that describes the requested change of service including a schematic of the room(s)
- [STD 850](#) form - Fire Safety Inspection Request or a document that contains the fire inspector's contact information (name, email, and address)

RELOCATION OF SERVICES – ONSITE RELOCATION

- Department of Health Care Access and Information (HCAI) Certificate of Occupancy (CO), Construction Final (CF) or Substantial Completion (SC)
- Floor plan that describes the requested change of service including a schematic of the room(s)
- [STD 850](#) form - Fire Safety Inspection Request or a document that contains the fire inspector's contact information (name, email, and address)

SUSPENSION OR REMOVAL OF A SUPPLEMENTAL SERVICE

- Proof that the facility notified the California Department of Public Health (District Office) 180 days prior to the planned reduction or elimination of the level of emergency medical services, the notification of the intended change*
- Copy of the notice to the city council of the city in which the facility is located*
- Copy of the notice that was provided to the California Department of Public Health (District Office)*
- Proof of a notice posted in a conspicuous location on the home page of the facility's internet website*
- Proof of a notice published in a conspicuous location within a newspaper of general circulation serving the local geographical area in which the facility is located*
- Proof of a notice in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the facility is located*
- Proof of a notice posted at the entrance of every community clinic, within the affected county in which the facility is located, that grants voluntary permission for posting

***Note:** These reporting conditions do not apply to a facility forced to close or eliminate service as a result of a natural disaster or state of emergency that prevents the facility from operating at its full pre-emergency capacity. ([All Facilities Letter \(AFL\) 21-04](#))

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