State of California-Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
EMAIL: TPRU@cdph.ca.gov

Facility/School Contact Information

This form is required to be sent in with each initial and renewal application for all program types as well as when there is a change in the contact information.

- ➢ **Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)**: Provide contact information for the Facility Administrator, Director of Nursing and Director of Staff Development.
- ➢ **All Other Providers:** Provide contact information for the Owner/Administrator, Program Director and one other person.
- ➢ **Note:** The program identification (ID) number may start with a "F," "S," "NAC," "CHP" or "HHP."

Current as of this date	
Facility/School ID #	
Facility/School Name	
Facility/School Physical Address	
Facility/School Mailing Address (if different)	
Facility/School Telephone Number	
Facility/School General Email Address	

Note: For your phone number, make sure to include the extension number, if there is any.

Contact #1 Name	Professional Title
Email Address	**Best Contact Phone Number**
Contact #2 Name	**Professional Title**
Email Address	**Best Contact Phone Number**
Contact #3 Name	**Professional Title**
Email Address	**Best Contact Phone Number**