

## **Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF) Report of Change Application Instructions for Change of Name**

To request and submit changes to a licensed facility in California, 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 a Change of Name (CHON) application.

These instructions assist in preparing a SNF and ICF report of change application packet for a CHON (facility or licensee).

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 the application packet is complete and the license is not expired. 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 and will conduct 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.

### **Payments**

Payment is due when CAB confirms the application packet is complete. The Department accepts business checks, cashier's checks, or money orders, made payable to "California Department of Public Health". Payment in full is due before the application is processed.



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

Application fees change annually. Check the current [application fee](#) on the Licensing and Certification website.

Payment of outstanding license renewal fees and submission of a license renewal application are required prior to issuance of a license.

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