

## **Skilled Nursing Facility (SNF) Application Instructions for Initial**

To receive a health facility license in California, an applicant must fully complete the required application forms and submit them with all of the identified supporting documents.

These instructions assist in preparing a SNF Initial application for licensure.

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.

Application packets missing forms and/or supporting documents are incomplete. CAB will only process complete applications. Once validation is complete, a CAB conducts 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 all required documents have been submitted. 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.

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

### **Submission of Applications**

Submit all completed application packets to:

California Department of Public Health



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

Licensing and Certification Division  
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)