SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER
BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization at least 90 calendar days prior to the sponsored event. Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name:

2. Organization Contact Information (use principal office address):

   Address Line 1  Phone Number of Principal Office
   Address Line 2  Alternate Phone
   City, State, Zip  Website
   County

   Organization Contact Information in California (if different):

   Address Line 1  Phone Number
   Address Line 2  Alternate Phone
   City, State, Zip
   County

3. Type of Organization:

   Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code?  Yes  No
If not, is the organization a community-based organization*?

____ Yes ______ No

Organization’s Tax Identification Number ____________________________________________

If a community-based organization, please describe the mission, goals, and activities of the organization (attach separate sheet(s) if necessary):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

* A “community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name ___________________________ Title ___________________________

Address Line 1 ___________________________ Phone _______________________

Address Line 2 ___________________________ Alternate Phone _______________________

City, State, Zip ___________________________ E-mail address _______________________

County ___________________________________________

Individual 2:

Name ___________________________ Title ___________________________

Address Line 1 ___________________________ Phone _______________________

Address Line 2 ___________________________ Alternate Phone _______________________

City, State, Zip ___________________________ E-mail address _______________________

County ___________________________________________
Individual 3:

Name ____________________________________________ Title ____________________________

Address Line 1 ______________________________________ Phone ________________________

Address Line 2 ______________________________________ Alternate Phone _______________

City, State, Zip _____________________________________ E-mail address _____________________

County __________________________________________

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _________________________________________________________________

2. Date(s) of event (not to exceed ten calendar days): ______________________________________

3. Location(s) of the event (be as specific as possible, including address): ____________________________

   __________________________________________________
   __________________________________________________
   __________________________________________________

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (attach additional sheet(s) if necessary): ________________________________

   __________________________________________________
   __________________________________________________
   __________________________________________________

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

   ______ Check here to indicate that list is attached.

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.
This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs  
Attn: Sponsored Free Health-Care Events  
Legislative and Policy Review Division  
1625 North Market Blvd., Ste. S-204  
Sacramento, CA 95834

Tel: (916) 574-7800  
Fax: (916) 574-8655  
E-mail: lprdivision@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners.
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

Name Printed

Title

Signature

Date

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Deputy Director of the Legislative and Policy Review Division at the address and telephone number listed above.