



Office of Statewide Hospital Planning and Development
 2020 West El Camino Avenue, Suite 800
 Sacramento, CA 95833
 (916) 440-8300



**HOSPITAL INSPECTOR CERTIFICATION EXAMINATION
 FEE PAYMENT FORM**

The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant as outlined in the Hospital Inspector Application package.

Applications will be accepted from June 16, 2026 to July 31, 2026

Applications postmarked after the July 31, 2026 Final filing Date will be returned.

Please submit the application fee by **check, money order, or cashier's check** payable to the Department of Health Care Access and Information (HCAI) and mailed to:

HCAI - OSHPD
 Hospital Inspector Certification Program
 Attn: Suzy Rucobo
 355 S. Grand Ave, Suite 1900
 Los Angeles, CA 90071

Applicant Name:
Class A Application Fee
Application Review \$100.00 (Nonrefundable)
ONLY APPLICATION FEE IS REQUIRED EXAM FEE WILL BE REQUESTED ONCE THE APPLICATION IS APPROVED



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Hospital Inspector Certification Examination (HICE) Application Checklist

The following is a list of documents that must be included in the application submittal package and postmarked by the final filing date.

INCOMPLETE APPLICATIONS WILL BE RETURNED

HOSPITAL INSPECTOR CERTIFICATION APPLICATION. The application must specify preferred examination location. All required documents must be included with the application. Any missing documents the application is considered incomplete and will be returned.

HOSPITAL INSPECTOR CERTIFICATION APPLICATION QUALIFICATIONS MATRIX. Verify that you meet the minimum qualifications as defined in CAC Section 7-204(a). Submit the required supporting documentation.

HOSPITAL INSPECTOR EXPERIENCE FORM. Outlines all qualifying experience for certification as defined in CAC Section 7-204(a). No section shall be left blank. (This form is not required if you qualify based on registration/license as an architect/engineer and provide valid certifications.) Workload reports are not acceptable.

HOSPITAL INSPECTOR VERIFIER CERTIFICATION FORM. Must be included with every "Hospital Inspector Experience Form" submitted as qualifying experience. One form can be used for an individual who is verifying work experience on multiple projects. A reference letter may be used to substitute this form. The reference letter must be signed by a current and/or previous employer(s) and include project names, dates of employment and description of duties regarding each job which meets the minimum qualifications for the examination. References must include a valid phone number and email address.

HOSPITAL INSPECTOR CERTIFICATION APPLICATION EDUCATION AND CERTIFICATIONS FORM. Complete when supplementing or substituting education for the required experience outlined in CAC Section 7-204(a)(1) and including required supporting documentation.

HOSPITAL INSPECTOR CERTIFICATION EXAMINATION APPLICATION FEE PAYMENT FORM. Submit application with the appropriate fee.

PLEASE NOTE: Any missing documents or information is considered an incomplete application, and it may be rejected. CAC 7-208(b)



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HOSPITAL INSPECTOR CERTIFICATION APPLICATION QUALIFICATIONS MATRIX

Please identify the inspector class you are interested in applying for below and identify which of the qualifying methods you will use to certify meeting the minimum requirements listed in the 2022 CAC 7-204(a).

Class “A” Hospital Inspector

May inspect all areas of construction.

This includes Architectural, Mechanical, Plumbing, Electrical, Fire and Life Safety and Structural elements.

Qualification Method 1		Required Supporting Documents
	<p>High school graduation or the equivalent and six years’ experience involving building projects of Type I or II construction as an architect’s, engineer’s, owner’s, local building official’s or general contractor’s representative in technical inspection of major structural and nonstructural systems and components of buildings.</p> <p>Experience in subsection (a) 1 of the California Admin. Code Title 24, Part 1, Article 19, Section 7-204 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.</p>	<p>Copy of high school transcripts or high school equivalency certificate.</p> <p>Copy of college degree or transcripts demonstrating major work area in architecture, engineering, building inspection and/or construction, <i>only if used to satisfy up to two years of work experience.</i></p> <p>Work experience form(s) describing <u>six years</u> of experience involving Type I or II construction as an architect’s, engineer’s, owner’s, local building official’s or general contractor’s representative in technical inspection of major structural and nonstructural systems and components of buildings.</p> <p>Verifier form for each qualifying work experience.</p>
Qualification Method 2		Required Supporting Documents
	<p>Possess a valid California registration/license as a mechanical, electrical, or civil engineer and two years experience involving building projects of Type I or II construction as an architect’s, engineer’s, owner’s, local building official’s or general contractor’s representative in technical inspection of major structural and nonstructural systems and components of buildings.</p>	<p>Copy of valid California registration/license as a mechanical, electrical, or civil engineer.</p> <p>Work experience form(s) describing <u>two years</u> of experience involving Type I or II construction as an architect’s, engineer’s, owner’s, local building official’s or general contractor’s representative in technical inspection of major structural and nonstructural systems and components of buildings.</p> <p>Verifier form for each qualifying work experience.</p>
Qualification Method 3		Required Supporting Documents
	<p><u>Two years</u> of satisfactory performance as a Class “B” Hospital Inspector of Record on hospital projects of significant scope and complexity as determined by OSHPD.</p>	<p>Copy of valid Class “B” certification.</p> <p>Work experience form(s) describing <u>two years</u> of experience working as a Class “B” OSHPD Inspector or Record.</p> <p>Verifier form for each qualifying work experience.</p>
Qualification Method 4		Required Supporting Documents
	<p>Possess a valid California registration/license as a structural engineer or a valid California license as an architect.</p>	<p>Copy of valid California registration/license as a structural engineer or architect.</p>



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HOSPITAL INSPECTOR EXPERIENCE FORM

(Must be typed. Do not staple.)

EXPERIENCE: <i>List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a). Be sure to complete one sheet per project (or portion of a project, if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience). Qualifying experience more than 40 hours per week will not be considered.</i>										
Project Name:	OSHPD Number (if applicable):									
Employer Name, address, and location (Your employer is generally the entity who paid you, if not please explain):										
Name of Supervisor (Your supervisor is the individual who supervised your work and is familiar with the duties you performed):	Supervisor Phone Number:									
Facility Name & Address:										
Timeframe: From: _____ Month Day Year To: _____ Month Day Year (Current Job, please use Application Deadline as end Date)	Hours Worked on This Project: Per Week: _____ (40 hours maximum)	Type of Construction: TYPE I TYPE II								
Type of Responsibility: <table style="width:100%; border:none;"> <tr> <td style="width:25%;">Architect</td> <td style="width:25%;">Local Building Official</td> <td style="width:25%;">Owner</td> <td style="width:25%;">Field Technician</td> </tr> <tr> <td>Engineer</td> <td>General Contractor</td> <td>Technical Inspector</td> <td></td> </tr> </table>			Architect	Local Building Official	Owner	Field Technician	Engineer	General Contractor	Technical Inspector	
Architect	Local Building Official	Owner	Field Technician							
Engineer	General Contractor	Technical Inspector								
Project Description <i>Provide a focused description of the project, including:</i> <ul style="list-style-type: none"> Identify the work involved, such as nonstructural remodel, interior remodel, expansion, new building. Number of stories, project square footage. Type of facility, such as hospital, school, commercial, or residential. Construction type and primary materials, such as steel moment frame, cast concrete shear walls, masonry shear walls, or plywood shear walls. 										
Description of Duties <i>Provide a focused description of your work, including:</i> <ul style="list-style-type: none"> Project inspector on a hospital, school or other. Project manager is responsible for coordination, scheduling, tracking, construction progress, construction issue resolution. Project superintendent with supervision of subcontractors, construction staff, project scheduling, quality control, etc.). Construction foreman, supervisor, or laborer. Testing tech is responsible for sampling, handling, testing. Special inspector such as welding, concrete placement, masonry. Governmental building inspector, responsible for elec. mech. plumb. struct. plan review, etc. Design, such as engineering, drafting, plan review. 										

EXPERIENCE: *List of all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a). Be sure to complete one sheet per project (or portion of a project, if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience). Qualifying experience more than 40 hours per week will not be considered.*

Project Name:	OSHPD Number <i>(if applicable)</i> :
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Employer Name, address, and location *(Your employer is generally the entity who paid you, if not please explain)*:

Name of Supervisor <i>(Your supervisor is the individual who supervised your work and is familiar with the duties you performed)</i> :	Supervisor Phone Number:
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Facility Name & Address:

Timeframe: From: _____ Month Day Year To: _____ Month Day Year <small>(Current Job, please use Application Deadline Date)</small>	Hours Worked on This Project: Per Week: _____ (40 hours maximum)	Type of Construction: TYPE I TYPE II
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Type of Responsibility:

Architect	Local Building Official	Owner	Field Technician
Engineer	General Contractor	Technical Inspector	

Project Description *Provide a focused description of the project, including:*

- *Identify the work involved, such as nonstructural remodel, interior remodel, expansion, new building.*
- *Number of stories, project square footage.*
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Description of Duties *Provide a focused description of your work, including:*

- *Project inspector on a hospital, school or other.*
- *Project manager is responsible for coordination, scheduling, tracking, construction progress, construction issue resolution.*
- *Project superintendent with supervision of subcontractors, construction staff, project scheduling, quality control, etc.).*
- *Construction foreman, supervisor, or laborer.*
- *Testing Tech responsible for sampling, handling, testing.*
- *Special inspector such as welding, concrete placement, masonry.*
- *Governmental building inspector, responsible for elec. mech. plumb. struct. plan review, etc.*
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Employer Name, address, and location <i>(Your employer is generally the entity who paid you, if not please explain)</i> :		
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Facility Name & Address:		
Timeframe:	Hours Worked on This Project:	Type of Construction:
From: _____ Month Day Year	Per Week: _____	TYPE I
To: _____ Month Day Year <small><i>(Current Job, please use Application Deadline as end Date)</i></small>	(40 hours maximum)	TYPE II
Type of Responsibility:		
Architect	Local Building Official	Owner
Engineer	General Contractor	Technical Inspector
Field Technician		
Project Description <i>Provide a focused description of the project, including:</i> <ul style="list-style-type: none"> <i>Identify the work involved, such as nonstructural remodel, interior remodel, expansion, new building.</i> <i>Number of stories, project square footage.</i> <i>Type of facility, such as hospital, school, commercial, or residential.</i> <i>Construction type and primary materials, such as steel moment frame, cast concrete shear walls, masonry shear walls, or plywood shear walls.</i> 		
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Observation of Candidate's Work	
Observation Occurred During:	
Current Employment	Previous Employment
Dates of Verification:	
From: _____ To: _____	
Observation of the candidate occurred during my role as (check all that apply).	
<input type="checkbox"/>	Candidate's direct supervisor
<input type="checkbox"/>	Candidate's indirect supervisor/manager responsible for the candidate's work results/outcomes
<input type="checkbox"/>	Architect or Engineer on one of the candidate's projects
<input type="checkbox"/>	Governmental Authority (specify):
<input type="checkbox"/>	Inspector supervisor for client
<input type="checkbox"/>	General Contractor
<input type="checkbox"/>	Other:
I have (check all that apply):	
<input type="checkbox"/>	Directly observed the candidate's work.
<input type="checkbox"/>	Directly observed the results of the candidate's work.
<input type="checkbox"/>	Directly supervised the candidate.
<input type="checkbox"/>	Received reliable reports from those who have directly observed the candidate's work in addition to direct observation.
<p>Verifier's Statement:</p> <p><i>I certify that:</i></p> <ul style="list-style-type: none"> • <i>I understand and have carefully considered the above work engagement.</i> • <i>I personally observed the candidate's performance on this work engagement.</i> • <i>The above information is true and correct.</i> <p>Verifier Signature: _____ Date: _____</p>	

