HCAI Department of Health Care Access and Information
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 November 17, 2026 to February 1, 2027

Applications postmarked after the February 1, 2027 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 B 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(b). Submit the required supporting documentation.

- ☐ **HOSPITAL INSPECTOR EXPERIENCE FORM.** Outlines all qualifying experience for certification as defined in CAC Section 7-204(b)(2). (This form is not required if you qualify based on registration/license as an architect/engineer and provide valid certifications)

- ☐ **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.** Completed when supplementing or substituting education for the required experience outlined in CAC Section 7-204(b)(1) and include required supporting documentation for qualifying by Method 4.

- ☐ **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 EXAMINATION APPLICATION

(Must be typed)

EXAM APPLYING FOR: (*Refer to Title 24, Part 1, Article 19, Section 7-204 (b)*

CLASS "B" Application

OSHPD Hospital Inspector Certification Number Issued: _____

PREFERRED TEST LOCATION:

☐ LOS ANGELES

☐ SACRAMENTO

☐ **Previously Applied**

NAME: _____
FIRST *MIDDLE INITIAL* *LAST*

ADDRESS: _____
NUMBER *STREET*

_____
CITY *STATE* *ZIP CODE*

CONTACT: ( ) _____
TELEPHONE NUMBER *EMAIL ADRESS*

CANDIDATES WITH DISABILITIES OR SPECIAL REQUESTS: *If you have a disability or impairment that restricts your ability to take a test under standard conditions, you may request special testing arrangements. Clarification of both the disability and the need for special accommodation by a licensed medical professional is required.*

If you have a disability/impairment for which you need reasonable accommodation for the examination, you must submit PIN 61 with your application (found on our website).

CHANGE OF NAME, ADDRESS OR TELEPHONE

Pursuant to Title 24, Part 1, Article 19, Section 7-202, an applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Los Angeles within 10 working days of that change. The information filed shall include both the new and former name, mailing address or telephone number.

CERTIFICATION OF APPLICANT

I hereby certify that all statements made in this application are true and complete. I understand that pursuant to the California Administrative Code Title 24, Part 1, Article 19, Section 7-214, the Office may suspend and/or revoke any certificate issued by the Office for incompetent inspection(s), inadequate inspection(s), misrepresentation(s), misconduct, and/or violation(s) of these regulations. I further certify that, in accordance with the California Administrative Code Section 7-208, I will not copy any portion of the exam, participate in collusion regarding the exam, disclose the contents of the examination questions to anyone other than a person authorized by the Office, solicit, accept, or compile information regarding the contents of the examination or falsify documents required for exam entrance. I understand that if I obtain HCAI certification as a Hospital Inspector, my name, phone number, and e-mail address will be available to the public.

_____ _____
Signature Date

Class "B" Hospital Inspector

May inspect only architectural, mechanical, plumbing, electrical, fire and life safety, and anchorage of nonstructural elements.

Qualification Method 1	Required Supporting Documentation
☐ High school graduation or the equivalent **and** four 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. Experience in subsection (b) 1 of the California Administrative 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.	☐ Copy of high school transcripts or high school equivalency certificate. ☐ Copy of college degree or transcripts demonstrating major work area in architecture, engineering, building inspection and/or construction, *only if used to satisfy up to two years of work experience.* ☐ Work verification form(s) describing four years of 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**.** ☐ Verifier form for each qualifying work experience.
Qualification Method 2	**Required Supporting Documents**
☐ Possess a valid California registration/license as a 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 more than one major structural or nonstructural system of buildings (structural, mechanical, electrical, or plumbing).	☐ Copy of valid California registration/license as a civil engineer. ☐ Work verification form(s) describing two years of 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 more than one major structural or nonstructural system of buildings (structural, mechanical, electrical, or plumbing)**.** Verifier form for each qualifying work experience.
Qualification Method 3	**Required Supporting Documents**
☐ Possess a valid California registration/license as a structural, mechanical, or electrical engineer, or a valid California license as an architect.	☐ Copy of a valid California registration/license as a structural, mechanical, or electrical engineer, or a valid California license as an architect**.**
Qualification Method 4	**Required Supporting Documents**
☐ High school graduation or the equivalent, **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, **and** possession of valid certification in all of the following: California Commercial Building Inspector, California Commercial Electrical Inspector, IAPMO certification as a California Plumbing Inspector and California Mechanical Inspector.	☐ Copy of high school transcripts or high school equivalency certificate. ☐ Work verification form(s) showing two years 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; **and** ☐ Copies of valid **ICC** certifications in the following categories: ▪ Certification as a California Commercial Building Inspector (I1) ▪ California Commercial Electrical Inspector (I2) ☐ Copies of valid **IAPMO** certifications in the following categories: ▪ California Plumbing Inspector ▪ California Mechanical Inspector

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HOSPITAL INSPECTOR EXPERIENCE FORM

(Must be typed. Do not staple.)

EXPERIENCE: ***List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (b). 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 *(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:	Hours Worked on This Project:	Type of Construction:
From: _____ Month Day Year To: _____ Month Day Year (Current Job, please use Application Deadline as end Date)	Per Week: _____ **(40 hours maximum)**	☐ TYPE I ☐ TYPE II

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.*
- *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 *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 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 (b). 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.***

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HOSPITAL INSPECTOR VERIFIER CERTIFICATION FORM

(To be completed by Verifier. Must be clearly printed or typed.)

Candidate's Name: _____ **Certification Number (if any):** _____

Verifier Information	
Name:	Title:
Employer Name:	
Phone:	Email Address:

Verifier Professional Licenses/Certifications	
License Number:	Title:

Project Name:
Project Address:
Describe candidate's role and responsibilities on this project:

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)**.**	
☐	Candidate's direct supervisor
☐	Candidate's indirect supervisor/manager responsible for the candidate's work results/outcomes
☐	Architect or Engineer on one of the candidate's projects
☐	Governmental Authority (specify):
☐	Inspector supervisor for client
☐	General Contractor
☐	Other:

I have (check all that apply)**:**	
☐	Directly observed the candidate's work.
☐	Directly observed the results of the candidate's work.
☐	Directly supervised the candidate.
☐	Received reliable reports from those who have directly observed the candidate's work in addition to direct observation.

Verifier's Statement:

I certify that:

- *I understand and have carefully considered the above work engagement.*
- *I personally observed the candidate's performance on this work engagement.*
- *The above information is true and correct.*

Verifier Signature: _____ **Date**: _____

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HOSPITAL INSPECTOR CERTIFICATION APPLICATION EDUCATION AND CERTIFICATIONS

(Must be typed)

When substituting education for the required experience outlined in the California Administrative Code, Chapter 7, Section 7-204(b)(1).

NAME: _____
First *MI* *Last*

MAILING ADDRESS: _____
NUMBER *STREET*

_____
CITY *STATE* *ZIP CODE*

CONTACT: _(_____)_____
TELEPHONE NUMBER *EMAIL ADRESS*

FORMERLY EMPLOYED BY OSHPD? ☐ YES ☐ NO

HIGH SCHOOL GRADUATE OR EQUIVALENT? ☐ YES ☐ NO

EDUCATION:

UNIVERSITY, COLLEGE, TRADE OR SERVICE SCHOOL, CERTIFICATION	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	UNITS COMPLETED	DATE COMPLETED