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 CERTFICATION 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.

Applications fees must be paid by **check, money order, or cashier's check** made 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 C 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. The initial application should include a specialty and supporting certification. However; a fee is required for each additional specialty. If no specialty is indicated application is, consider incomplete and will be returned. All required documents must be included with the application. Any missing documents the application is considered incomplete

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

☐ **HOSPITAL INSPECTOR EXPERIENCE FORM.** Outlines all qualifying experience for certification as defined in CAC Section 7-204(c). (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 204(c)(1) and include required supporting documentation for qualifying for Class C method 3.

☐ **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 (c)*

CLASS C Application

Specialty Required: _____

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 "C" Hospital Inspector

May inspect on or more areas of construction specialty, including but not limited to the areas listed in Section 7-204(c). A Class C Hospital Inspector may not inspect complete scope of construction authorized for Class C Class C Specialty must be Indicated with supporting certification.

Qualification Method 1	Required Supporting Documentation
☐ High school graduation or the equivalent **and** four years experience involving commercial or institutional building projects as the representative in testing, inspection or observation of construction for an architect, engineer, owner, local building official, local fire authority, testing lab, specialty contractor or general contractor **and** must possess valid certification issued by an organization specified in the California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c). Experience in subsection (c)(1) 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 as the representative in testing, inspection, or observation of construction for an architect, engineer, owner, local building official, local fire authority, testing lab, specialty contractor or general contractor. ☐ Copies of a valid certificate(s) issued by one or more of nationally recognized organizations listed in the California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c)4. Verifier form for each qualifying work experience.
Qualification Method 2	**Required Supporting Documentation**
☐ Possess a valid California registration/license as an engineer **and** two years experience involving building projects as an architect's, engineer's, owner's, local building official's, local fire authority's, specialty contractor's or general contractor's representative in testing inspection or observation of construction **and** must possess at least one valid certificate issued by an organization that is listed or described in California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c).	☐ 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, local fire authority's, specialty contractor's or general contractor's representative in testing inspection or observation of construction. ☐ Copies of a valid certificate(s) issued by one or more of nationally recognized organizations listed in the California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c)4. ☐ Verifier form for each qualifying work experience.
Qualification Method 3	**Required Supporting Documentation**
☐ Possess a valid California registration/license as a civil, mechanical, or electrical engineer, or a valid California license as an architect and must possess at least one valid certificate issued by an organization specified in California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c)4.	☐ Copy of valid California registration/license as a civil engineer or architect. ☐ Copies of a valid certificate(s) issued by one or more of nationally recognized organizations listed in the California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c)4.

Class "C" Hospital Inspector Specialties Class C Specialty must be Indicated with supporting certification. Please select specialties from the list below, one specialty with exam any additional Specialty is $100. CAC 7-204(c)		
	Specialties	**Certification REQUIRED**
☐	**Accessibility**	Division of State Architect as a Certified Access Specialist (CASp)
☐	**Anchorage Bracing of Nonstructural Components**	Certification to be administered by the Office.
☐	**Electrical**	Internation al Code Council (ICC) Certification as a California Commercial Electrical Inspector (I2)
☐	**Fire Alarm**	National Institute for the Certification of Engineering Technologies (NICET) Certification in "Fire Alarm Systems Level III or International Code Council (ICC) certification as a Commercial Fire Alarm Inspector (I2)
☐	**Fire Resistive Construction**	Internation al Code Council (ICC) Certification as a California Commercial Building Inspector (I1)
☐	**Framing and Drywall**	International Code Council (ICC) Certification as a California Commercial Building Inspector (I1)
☐	**Inspection and Testing of Water Based Systems**	National Institute for the Certification of Engineering Technologies (NICET) Certification in "Inspection and Testing of Water Based Systems, Level III.
☐	**Mechanical**	International Association of Plumbing and Mechanical Officials (IAMPO) certification as a California Mechanical Inspector
☐	**Medical Gas Systems**	National Inspection Testing Certification (NITC) Certification as a Medical Gas Inspector 6020
☐	**Plumbing**	International Association of Plumbing and Mechanical Officials (IAMPO) certification as California Plumbing Inspector
☐	**Roofing**	Internation al Code Council (ICC) Certification as a California Commercial Building Inspector (I1)
*	**In addition, the certifications listed, the Office, at its sole discretion, may accept equivalent certification by other states or nationally recognized organizations.**	

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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 (c). 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 ☐ Observer
☐ Engineer ☐ General Contractor ☐ Technical Inspector ☐ Field Technician

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 (c). 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(c)(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