



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

F9H9GH Applications will be accepted from June 16, 2026 to July 31, 2026

F9H9GH Applications postmarked after the July 31, 2026 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:
F9H9GH Application Fee
Class A & Class B F9H9GH's dd']W]cb': 99 \$' 00.00
Class C Retest Application Fee \$100.00
(Nonrefundable)

