

**OSHDP** Office of Statewide Health Planning and Development



**Facilities Development Division**  
 355 South Grand Avenue, 19th Floor  
 Los Angeles, California 90071  
 (213) 897-0166  
 (213) 217-8511 Fax  
 www.oshpd.ca.gov/fdd

**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 you meet the minimum requirements.

**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
	High school graduation or the equivalent <b>and six years’</b> 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. [Note: 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 max. of two years.]	<ul style="list-style-type: none"> <li>• Highschool transcripts or copy of High School Equivalency Certificate.</li> <li>• Work verification form(s) showing <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; <b>or</b></li> </ul>
Qualification Method 2		Required Supporting Documents
	Possess a valid California registration/license as a mechanical, electrical, or civil engineer <b>and two years’</b> 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;	<ul style="list-style-type: none"> <li>• Copy of valid California registration/license as a mechanical, electrical, or civil engineer</li> <li>• Work verification form(s) showing <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; <b>or</b></li> </ul>
Qualification Method 3		Required Supporting Documents
	<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;	<ul style="list-style-type: none"> <li>• Copy of valid Class “B” certification</li> <li>• Work verification form(s) showing <u>two years</u> of experience working as a Class “B” OSHPD inspector; <b>or</b></li> </ul>
Qualification Method 4		Required Supporting Documents
	Possess a valid California registration/license as a structural engineer or a valid California license as an architect.	<ul style="list-style-type: none"> <li>• Copy of valid California registration/license as a structural engineer or architect; <b>or</b></li> </ul>

**Class "B" Hospital Inspector**

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

<b>Qualification Method 1</b>		<b>Required Supporting Documentation</b>
	High school graduation or the equivalent <b>and four years'</b> 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. [Note: 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.];	<ul style="list-style-type: none"> <li>• Highschool transcripts or copy of High School Equivalency Certificate.</li> <li>• Work verification form(s) showing <b>four years'</b> 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; <b>or</b></li> </ul>
<b>Qualification Method 2</b>		<b>Required Supporting Documents</b>
	Possess a valid California registration/license as a civil engineer <b>and two years'</b> 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);	<ul style="list-style-type: none"> <li>• Copy of valid California registration/license as a civil engineer</li> <li>• Work verification form(s) showing <b>two years'</b> 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); <b>or</b></li> </ul>
<b>Qualification Method 3</b>		<b>Required Supporting Documents</b>
	Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect;	<ul style="list-style-type: none"> <li>• Copy of a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect; <b>or</b></li> </ul>
<b>Qualification Method 4</b>		<b>Required Supporting Documents</b>
	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.	<ul style="list-style-type: none"> <li>• Copies of valid <b>ICC</b> certifications in the following categories: <ul style="list-style-type: none"> <li>• Certification as a California Commercial Building Inspector (I1)</li> <li>• California Commercial Electrical Inspector (I2),</li> </ul> </li> <li>• Copies of valid <b>IAPMO</b> certifications in the following categories: <ul style="list-style-type: none"> <li>• California Plumbing Inspector</li> <li>• California Mechanical Inspector;</li> </ul> </li> </ul>

**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 “A” or “B” inspectors.

<b>Qualification Method 1</b>		<b>Required supporting Documentation</b>
	<p>High school graduation or the equivalent <b>and four years’</b> 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 <b>and</b> must possess valid certification issued by an organization specified in the California Administrative Code Title 24, Part 1, Article 19, Section 7-204(c). [Note: 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.];</p>	<ul style="list-style-type: none"> <li>• Highschool transcripts or copy of High School Equivalency Certificate.</li> <li>• Work verification form(s) showing <u>four years’</u> 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</li> <li>• 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; <b>or</b></li> </ul>
<b>Qualification Method 2</b>		<b>Required supporting Documentation</b>
	<p>Possess a valid California registration/license as an engineer <b>and two years’</b> 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 <b>and</b> 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);</p>	<ul style="list-style-type: none"> <li>• Copy of valid California registration/license as a civil engineer</li> <li>• Work verification form(s) showing <u>two years’</u> 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</li> <li>• 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; <b>or</b></li> </ul>
<b>Qualification Method 3</b>		<b>Required supporting Documentation</b>
	<p>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.</p>	<ul style="list-style-type: none"> <li>• Copy of valid California registration/license as a civil engineer or architect</li> <li>• 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;</li> </ul>

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

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 Los Angeles, CA 90071  
 Main Office (213) 897-0166  
 FAX (213) 217-8511



**HOSPITAL INSPECTOR CERTIFICATION APPLICATION**

(Must be printed or typed)

<p><b>EXAM APPLYING FOR:</b> (Refer to Title 24, Part 1, Article 19, Section 7-204 (a), (b) &amp; (c))</p> <p style="text-align: center;"> <b>CLASS "A"                      CLASS "B"                      CLASS "C"</b>                  If applying for <b>Class "C"</b>, fill in SPECIALITY _____                  OSHPD HOSPITAL INSPECTOR CERTIFICATION# _____                  (IF APPLICABLE)             </p>	<p><b>PREFERRED TEST LOCATION:</b></p> <p style="text-align: center;">                 LOS ANGELES AREA                  SACRAMENTO AREA             </p>
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**NAME:** \_\_\_\_\_  
LAST NAME FIRST NAME MI

**MAILING ADDRESS:** \_\_\_\_\_  
NUMBER STREET Check if this is a change of address

\_\_\_\_\_

CITY COUNTY STATE ZIP CODE

**CONTACT:** (\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER E-MAIL ADDRESS

**CANDIDATES WITH DISABILITIES OR SPECIAL REQUESTS:** If you have a disability or special need 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 accommodations by a licensed medical doctor is required.

Do you have a disability/impairment for which you may need assistance during the examination? YES                      NO

IF "YES", YOU WILL BE CONTACTED TO MAKE SPECIFIC ARRANGEMENTS.

**LIST CURRENT VALID LICENSES, CERTIFICATES AND MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS: (ATTACH COPIES)**

\_\_\_\_\_

FORMERLY EMPLOYED BY OSHPD?                      YES                      NO                      IF "YES", DATE OF SEPARATION? \_\_\_\_\_

**CONSTRUCTION / INSPECTION RELATED EDUCATION OR SEMINARS ATTENDED:**

NAME AND LOCATION OF SCHOOL OR ORGANIZATION	COURSE OF STUDY	HOURS	DATE COMPLETED

**EXPERIENCE:** BEGINNING WITH YOUR MOST RECENT POSITION, PROVIDE DETAILS OF YOUR EXPERIENCE WHICH QUALIFIES YOU FOR ENTRANCE TO THIS EXAMINATION. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE APPLICATION.

<p><u>LENGTH OF PROJECT ASSIGNMENT</u></p> <p>FROM: _____ TO: _____</p> <p>TOTAL: _____ YR. _____ MO.</p> <p>HOURS WORKED PER WEEK: _____</p>	<p><b>Description of inspection duties performed for:</b>  <b>Type(s) of Construction</b> (Circle)    I    II    III    IV    V</p> <p style="text-align: center; margin-top: 50px;">Verification letter attached</p>	<p><u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u></p> <p> </p> <hr/> <p><u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u></p> <p> </p>
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**EXPERIENCE CONTINUED:**

<p><u>LENGTH OF PROJECT ASSIGNMENT</u></p> <p>FROM: _____ TO: _____</p> <p>TOTAL: _____ YR. _____ MO.</p> <p>HOURS WORKED PER WEEK: _____</p>	<p><b>Description of inspection duties performed for:</b>  <b>Type(s) of Construction</b> (Circle) I II III IV V</p>   <p>Verification letter attached.</p>	<p><u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u></p>  <p><u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u></p>
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<u>LENGTH OF PROJECT ASSIGNMENT</u>  FROM: _____ TO: _____  TOTAL: _____ YR. _____ MO.  HOURS WORKED PER WEEK: _____	<b>Description of inspection duties performed for:</b> <b>Type(s) of Construction</b> (Circle) I II III IV V   Verification letter attached	<u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u>   <u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u>
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<u>LENGTH OF PROJECT ASSIGNMENT</u>  FROM: _____ TO: _____  TOTAL: _____ YR. _____ MO.  HOURS WORKED PER WEEK: _____	<b>Description of inspection duties performed for:</b> <b>Type(s) of Construction</b> (Circle) I II III IV V   Verification letter attached	<u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u>   <u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u>
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**CERTIFICATION OF APPLICANT**  
*I hereby certify that all statements made in this application are true and complete. I understand that any false statement will be cause for voiding this application and any subsequent certification. I further certify that I will not reveal the contents of the examination to anyone and affirm that I will abide by the rules of the examination. I understand that if I obtain OSHPD certification as a Hospital Inspector, my name, phone number, and e-mail address will be available to the public.*

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (DATE)

FEE SCHEDULE	Check box for applicable fees submitted	OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)
Application Review (non-refundable).....	\$100.00	
<b>Once Application is Approved</b>		
Exam for Class A Inspector Certification .....	\$300.00	
Exam for Class B Inspector Certification .....	\$300.00	
Exam for Class C Inspector Certification .....	\$100.00	
TOTAL AMOUNT ENCLOSED	\$	
<b>PAYMENT</b>		
MONEY ORDER - PAYABLE TO: OSHPD		
CASHIER'S CHECK - PAYABLE TO: OSHPD		
<b>Mail payment and application to:</b>  <b>Office of Statewide Health Planning and Development Facilities</b> <b>Development Division</b> <b>Hospital Inspector Certification Program</b> <b>355 South Grand Avenue, 19th Floor</b> <b>Los Angeles, CA 90071</b>		