

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Facilities Development Division

HOSPITAL INSPECTOR RE-CERTIFICATION
SEMINAR/EXAM SCHEDULE FOR MARCH 2009

OSHPD seminars cover code updates and inspection procedures, requirements and techniques used for hospital construction. These one-day seminars are designed to fulfill the education requirement for Hospital Inspector recertification. To renew and maintain a valid certification, the Hospital Inspector must participate in a written recertification examination before the expiration of his/her certification. Certifications expire the last day of the expiration month. Certified Hospital Inspectors may apply to take the written recertification examination at the conclusion of this seminar by submitting the applicable fees with this registration form. Recertification seminars are offered each year in the Sacramento and Los Angeles areas. The schedule for the next upcoming recertification seminars is provided below. Review your certification expiration date and plan to participate in the seminar and examination that best suits your needs. If you do not recertify within the required time period, you will need to take the complete examination for a new certification. Inspectors must hold a current OSHPD certification to serve as an Inspector of Record.

SEMINAR & RECERTIFICATION EXAM REGISTRATION

Please check preferred location:

REGISTRATION

OSHPD CERTIFICATION #: _____

NAME: _____

ADDRESS: _____

PHONE #:(____) _____

FAX # :(____) _____

E-MAIL ADDRESS: _____

Check here if the information above is a change of address, phone/fax number or e-mail address.

March 17, 2009 - SACRAMENTO AREA(C-36)
Radisson Hotel - Sacramento
500 Leisure Lane
Sacramento, CA 95815

Phone: (916) 920-7362

March 24, 2009 - LOS ANGELES AREA(C-37)
Doubletree Hotel – Ontario
222 North Vineyard Avenue
Ontario, CA 91764

Phone: (909) 937-0900

REGISTRATION FEE

Seminar & Recertification Exam \$250.00

Seminar Only \$150.00

Delinquency Fee \$100.00

Amount Enclosed \$ _____

METHOD OF PAYMENT

Check or money order must be made payable to: *OSHPD*

CHECK MONEY ORDER AMERICAN EXPRESS MASTERCARD NOVUS/DISCOVER CARD VISA

CHARGE CARD NUMBER: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CARD HOLDER'S NAME: _____ SIGNATURE: _____

Over ⇒

Please submit a completed registration form and your payment to OSHPD's new address:

**Office of Statewide Health Planning & Development
Facilities Development Division
Hospital Inspector Certification Program
400 R Street, Suite 200
Sacramento, CA 95811**

Attn: Patricia Friel

Confirmation of attendance will be mailed upon receipt of this registration form AND applicable fee(s).

Registration fees will not be refunded for NO SHOWS.

For more information call (916) 440-8417.