



SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event.** *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1

Phone Number of Principal Office

Address Line 2

Alternate Phone

City, State, Zip

Website

County

Organization Contact Information in California (*if different*):

Address Line 1

Phone Number

Address Line 2

Alternate Phone

City, State, Zip

County

3. Type of Organization:

Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code? Yes No

If not, is the organization a community-based organization*? Yes No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): _____

* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address
_____ County	

Individual 2:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address

County

Individual 3:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

(Attach additional sheets if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ *Check here to indicate that list is attached.*

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing board/committee.

- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, and any attachments, shall be submitted to:

Department of Consumer Affairs
Attn: Division of Legislative & Policy Review
1625 North Market Blvd., Suite S-204
Sacramento, CA 95834

Tel: (916) 574-7800
Fax: (916) 574-8655
lprdivision@dca.ca.gov

I understand that I must maintain records in either electronic or paper form both at the sponsored events and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code Section 901 and the applicable sections of Title 16, California Code of Regulations for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners.

I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization:

Name Printed

Title

Signature

Date