

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>Description of inspection duties performed for: Type(s) of Construction (Circle) I II III IV V</p> <p>Verification letter attached.</p>	<p><u>NAME, ADDRESS & PHONE NO. OF EMPLOYER/CLIENT:</u></p> <hr/> <p><u>FACILITY NAME, BUILDING NAME & PROJECT COST:</u></p>
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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)

<p>FEE SCHEDULE</p> <table style="width:100%;"> <tr> <td style="width:60%;"></td> <td style="text-align: center;">Check box for applicable fees submitted</td> </tr> <tr> <td>SPACE)</td> <td></td> </tr> <tr> <td>Application Review (non-refundable).....</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td>Exam for Class A Inspector Certification</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>Exam for Class B Inspector Certification</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>Exam for Class C Inspector Certification</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td style="text-align: right;">TOTAL AMOUNT ENCLOSED</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p>METHOD OF PAYMENT</p> <p>MONEY ORDER CHECK – PAYMENT MUST BE PAYABLE TO: OSHPD</p> <p>VISA MASTERCARD AMERICAN EXPRESS NOVUS /DISCOVERCARD</p> <p>CHARGE CARD NUMBER: _____ EXPIRATION DATE: _____ CVC# _____</p> <p>PRINT CARD HOLDER'S NAME: _____ SIGNATURE: _____</p> <p>BILLING ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>Mail payment and application to:</p> <p>Office of Statewide Health Planning and Development Facilities Development Division Hospital Inspector Certification Program 700 North Alameda Street, Suite 2-500, Los Angeles, CA 90012</p>		Check box for applicable fees submitted	SPACE)		Application Review (non-refundable).....	\$100.00	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	\$ _____	<p>OFFICE USE ONLY (DO NOT WRITE IN THIS)</p>
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