OSHPD Office of Statewide Health Planning and Development

**Facilities Development Division**
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(916) 440-8300
(916) 324-9188 Fax
www.oshpd.ca.gov/fdd

# Hospital Inspector Application Checklist

This checklist will aid applicants applying to be an Office of Statewide Health Planning and Development (OSHPD) certified Inspector of Record (IOR) to ensure that they meet all application requirements.

- ☐ **HOSPITAL INSPECTOR CERTIFICATION APPLICATION**. The application shall include the exam title (A, B or C), preferred examination location, applicant's name, mailing address, telephone number and email address.
- ☐ **HOSPITAL INSPECTOR CERTIFICATION APPLICATION QUALIFICATIONS MATRIX**. This form should be completed by the applicant to identify the inspector Class for which they are interested in applying and the Code Section which applies to their qualifications as defined in CAC Section 7-204.
- ☐ **HOSPITAL INSPECTOR CERTIFICATION APPLICATION EDUCATION AND CERTIFICATION FORM.** When supplementing or substituting education for the required experience outlined in CAC Sections 7-204(a)1, 7-204(b)1, or 7-204(c)1.
- ☐ **HOSPITAL INSPECTOR WORK VERIFICATION FORM.** This form attached to a letter provided by a former or current and/or previous employer(s) regarding each job which meets the minimum qualifications for the certification examination.
- ☐ **HOSPITAL INSPECTOR EXAM FEE PAYMENT FORM.**
- ☐ **HOSPTIAL INSPECTOR EXPERIENCE FORM.** Outlines all qualifying experience for certification required by the CAC Section 7-204 (attached). This form is not required when the applicant qualifies based on registration/license as an architect or engineer.
- ☐ **HOSPITAL INSPECTOR NAME, MAILING ADRESS OR CONTACT INFORMATION CHANGE FORM.** Only required if the applicant for IOR recertification or current IOR possessing a valid certificate issued by the Office, changes their; name, mailing address or telephone number.

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# HOSPITAL INSPECTOR CERTIFICATION APPLICATION

*(Must be printed or typed)*

**EXAM APPLYING FOR:** (*Refer to Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)*)

☐ CLASS "A" ☐ CLASS "B" ☐ CLASS "C"

If applying for Class "C", fill in Specialty:

_____

OSHPD HOSPITAL INSPECTOR CERTIFICATION NUMBER:

**PREFERRED TEST LOCATION:**

☐ LOS ANGELES AREA

☐ SACRAMENTO AREA

**NAME:** _____
*LAST* *FIRST* *M I*

**MAILING ADDRESS:** _____
*NUMBER* *STREET*

_____
*CITY* *COUNTY* *STATE* *ZIP CODE*

**CONTACT:** _____
*TELEPHONE NUMBER* *EMAIL ADRESS*

**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.*

**CHANGE OF NAME, ADDRESS OR TELEPHONE**

*Pursuant to Title 24, Part 1, Article 19, Section 7-202, an applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Sacramento within 10 working days of that change. The information filed shall include both the new and former name, mailing address or telephone number.*

**CERTIFICATION OF APPLICANT**

*I hereby certify that all statements made in this application are true and complete. I understand that pursuant to the California Administrative Code Title 24, Part 1, Article 19, Section 7-214, the Office may suspend and/or revoke any certificate issued by the Office for incompetent inspection(s), inadequate inspection(s), misrepresentation(s), misconduct, and/or violation(s) of these regulations. I further certify that, in accordance with the California Administrative Code Section 7-208, I will not copy any portion of the exam, participate in collusion regarding the exam, disclose the contents of the examination questions to anyone other than a person authorized by the Office, solicit, accept or compile information regarding the contents of the examination or falsify documents required for exam entrance. 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

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## 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 **and** six years' 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.] | • Highschool transcripts or copy of High School Equivalency Certificate.<br>• Work verification form(s) showing six years 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**; or** |
| | **Qualification Method 2** | **Required Supporting Documents** |
| ☐ | Possess a valid California registration/license as a mechanical, electrical, or civil engineer **and** two years' 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; | • Copy of valid California registration/license as a mechanical, electrical, or civil engineer<br>• Work verification form(s) showing two years 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**; or** |
| | **Qualification Method 3** | **Required Supporting Documents** |
| ☐ | Two years of satisfactory performance as a Class "B" Hospital Inspector of Record on hospital projects of significant scope and complexity as determined by OSHPD; | • Copy of valid Class "B" certification<br>• Work verification form(s) showing two years of experience working as a Class "B" OSHPD inspector**; or** |
| | **Qualification Method 4** | **Required Supporting Documents** |
| ☐ | Possess a valid California registration/license as a structural engineer or a valid California license as an architect. | • Copy of valid California registration/license as a structural engineer or architect**; or** |



Name:

Name:

| **Class "B" Hospital Inspector**<br>May inspect only architectural, mechanical, plumbing, electrical, fire and life safety, and anchorage of nonstructural elements. | | |
|---|---|---|
| **Qualification Method 1** | | **Required Supporting Documentation** |
| ☐ | High school graduation or the equivalent **and** <u>four years</u>' 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.]; | • Highschool transcripts or copy of High School Equivalency Certificate.<br>• Work verification form(s) showing <u>four years</u>' 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**; or** |
| **Qualification Method 2** | | **Required Supporting Documents** |
| ☐ | Possess a valid California registration/license as a civil engineer **and** <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 or general contractor's representative in technical inspection of more than one major structural or nonstructural system of buildings (structural, mechanical, electrical or plumbing); | • Copy of valid California registration/license as a civil engineer<br>• 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 or general contractor's representative in technical inspection of more than one major structural or nonstructural system of buildings (structural, mechanical, electrical or plumbing)**; or** |
| **Qualification Method 3** | | **Required Supporting Documents** |
| ☐ | Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect; | • Copy of a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect**; or** |
| **Qualification Method 4** | | **Required Supporting Documents** |
| ☐ | 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. | • Copies of valid **<u>ICC</u>** certifications in the following categories:<br>  • Certification as a California Commercial Building Inspector (I1)<br>  • California Commercial Electrical Inspector (I2),<br>• Copies of valid **<u>IAPMO</u>** certifications in the following categories:<br>  • California Plumbing Inspector<br>  • California Mechanical Inspector**;** |

Name:

| **Class "C" Hospital Inspector**<br>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. | | |
|---|---|---|
| **Qualification Method 1** | | **Required supporting Documentation** |
| ☐ | High school graduation or the equivalent **and** four years' 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 **and** 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.]; | • Highschool transcripts or copy of High School Equivalency Certificate.<br>• Work verification form(s) showing four years' 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<br>• 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**; or** |
| **Qualification Method 2** | | **Required supporting Documentation** |
| ☐ | Possess a valid California registration/license as an engineer **and** two years' 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 **and** 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); | • Copy of valid California registration/license as a civil engineer<br>• Work verification form(s) showing two years' 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<br>• 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**; or** |
| **Qualification Method 3** | | **Required supporting Documentation** |
| ☐ | 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. | • Copy of valid California registration/license as a civil engineer or architect<br>• 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**;** |

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# HOSPITAL INSPECTOR CERTIFICATION APPLICATION
## EDUCATION AND CERTIFICATIONS

*(Must be printed or typed)*

*When substituting education for the required experience outlined in the California Administrative Code, Chapter 7, Sections 7-204(a)1, 7-204(b)1, or 7-204(c)1, the applicant shall submit this form and copies of all certificates, licenses, registrations, and transcripts (in a sealed envelope) indicating educational courses completed by the applicant used to meet eligibility requirements.*

**NAME:** _____
*LAST* *FIRST* *M I*

**MAILING ADDRESS:** _____
*NUMBER* *STREET*

_____
*CITY* *STATE* *ZIP CODE*

**CONTACT:** _____
*TELEPHONE NUMBER* *EMAIL ADRESS*

**HIGH SCHOOL GRADUATE OR EQUIVALENT?** ☐ YES ☐ NO

**FORMERLY EMPLOYED BY OSHPD?** ☐ YES ☐ NO

**EDUCATION:**

| UNIVERSITY, COLLEGE, TRADE OR SERVICE SCHOOL, CERTIFICATION | DIPLOMA, DEGREE OR CERTIFICATE OBTAINED | UNITS COMPLETED | DATE COMPLETED |
|---|---|---|---|
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| UNIVERSITY, COLLEGE, TRADE OR SERVICE SCHOOL, CERTIFICATION | DIPLOMA, DEGREE OR CERTIFICATE OBTAINED | UNITS COMPLETED | DATE COMPLETED |
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# HOSPITAL INSPECTOR VERIFIER CERTIFICATION FORM

*(Must be printed or typed)*

**Candidate's Name:**_____**Certification Number(s) (if any):**_____

**Dates of Employment: From:** _____ **To:** _____

| **Verifier Information:** | |
|---|---|
| Name: | Title: |
| Name of Employer: | |
| Daytime Phone: | Email Address: |

| **Verifier Professional Licenses/Certifications:** | |
|---|---|
| License Number: | Title: |
| | |
| | |
| | |

**Project Name:**

**Project Address:**

_____
*Number* *Street*

_____
*City* *State* *Zip Code*

**Project Description:**

**Candidate's Name:**

| **Observation of Candidates Work:** | |
|---|---|
| Observation Occurred During: | ☐ Current Employment ☐ Previous Employment |
| Dates:<br>From: To: | |
| **Observation of the candidate occurred during my role as** (Check all that apply)**:** | |
| ☐ | Candidate's direct supervisor |
| ☐ | Candidate's indirect supervisor/manager responsible for the candidate's work results/outcomes |
| ☐ | Architect or Engineer on one of the candidate's projects |
| ☐ | Governmental Authority: |
| ☐ | Inspector supervisor for client |
| ☐ | General Contractor |
| ☐ | Other: |

| **I have (check all that apply):** | |
|---|---|
| ☐ | Directly observed the candidate's work |
| ☐ | Directly observed the results of the candidate's work |
| ☐ | Have been candidate's direct supervisor |
| ☐ | Received reliable reports from those who have directly observed the candidate's work |

**Verifier's Statement:**

*I certify that:*

- *I understand and have carefully considered each work history engagement that I have verified.*
- *I have not verified any work engagement that I have not personally observed.*
- *All the foregoing is true and correct.*

_____ _____

Verifier's Signature Date

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# HOSPITAL INSPECTOR
# EXAM FEE PAYMENT FORM

The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant as outlined in the Hospital Inspector Application package.

These fees shall be transmitted by **money order or cashier's check** payable to the Office of Statewide Health Planning and Development (OSHPD) and mailed to:

Office of Statewide Health Planning and Development
Facilities Development Division
Hospital Certification Program
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833

| **Applicant Name:** | |
|---|---|
| **FEES** | |
| **NEW APPLICATIONS** | **RENEWALS** |
| ☐ Application review $100.00 (nonrefundable) | ☐ Recertification exam $100.00 |
| ☐ Exam for Class "A" Inspector Certification $300.00 | ☐ Delinquency fee $100.00 |
| ☐ Exam for Class "B" Inspector Certification $300.00 | **DUPLICATE** |
| ☐ Exam for Class "C" Inspector Certification $100.00 (for each specialty certificate) | ☐ Duplicate certificate $25.00 |

Revised May 2020

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# HOSPITAL INSPECTOR EXPERIENCE FORM

*(Must be printed or typed)*

**EXPERIENCE:** ***List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)). Be sure to complete one sheet per project (or portion of a project if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience)***

| Name of Project: | Project Cost: | OSHPD Number *(if any)*: |
|---|---|---|

Employer Name, address and location *(Your employer is generally the entity who paid you; if not please explain):*

| Name of Supervisor *(Your supervisor is the individual who supervised your work and is familiar with the duties you performed):* | Supervisor Phone Number: |
|---|---|

Facility Name & Address:

| Timeframe: | Hours Worked on This Project: | Type of Construction: |
|---|---|---|
| From: _____/_____/_____ (Month Day Year) | Per Week: _____ | ☐ TYPE I ☐ TYPE III ☐ TYPE V |
| To: _____/_____/_____ (Month Day Year) | Weeks Per Year: _____ | ☐ TYPE II ☐ TYPE IV |

| Representative of: | Type of Responsibility: |
|---|---|
| ☐ Architect ☐ Local Building Official ☐ Owner | ☐ Technical Inspector |
| ☐ Engineer ☐ General Contractor | ☐ Inspection Supervisor |

Project Description *(this section should provide a focused description of the project and shall include: number of stories, project square footage, type of facility i.e. hospital, school, commercial, or residential, construction type i.e. steel moment frame, cast concrete shear walls, masonry shear walls or plywood shear walls) and identify the work involved i.e. architectural, structural, mechanical, plumbing, electric etc.)*

Description of Duties *(this section should provide a focused description of your work as either: project inspector (hospital, school, etc.), project manager (responsible for coordination, scheduling, tracking, construction progress, construction issue resolution), project superintendent (supervision of subcontractors, construction staff, project scheduling, quality control etc.), construction (foreman, supervisor, laborer), testing tech. (sampling, handling, testing, etc.), special inspector (welding, concrete placement, masonry, etc.), governmental building inspector (elec. mech. plumb. struct. plan review, etc.), design (engineering, drafting, plan review, etc.)*

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**EXPERIENCE:** ***List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)). Be sure to complete one sheet per project (or portion of a project if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience)***

| Name of Project: | Project Cost: | OSHPD Number *(if any)*: |
|---|---|---|

Employer Name, address and location *(Your employer is generally the entity who paid you; if not please explain):*

| Name of Supervisor *(Your supervisor is the individual who supervised your work and is familiar with the duties you performed):* | Supervisor Phone Number: |
|---|---|

Facility Name & Address:

| Timeframe: | Hours Worked on This Project: | Type of Construction: |
|---|---|---|
| From: _____/_____/_____ (Month Day Year) | Per Week: _____ | ☐ TYPE I ☐ TYPE III ☐ TYPE V |
| To: _____/_____/_____ (Month Day Year) | Weeks Per Year: _____ | ☐ TYPE II ☐ TYPE IV |

| Representative of: | Type of Responsibility: |
|---|---|
| ☐ Architect ☐ Local Building Official ☐ Owner | ☐ Technical Inspector |
| ☐ Engineer ☐ General Contractor | ☐ Inspection Supervisor |

Project Description *(this section should provide a focused description of the project and shall include: number of stories, project square footage, type of facility i.e. hospital, school, commercial, or residential, construction type i.e. steel moment frame, cast concrete shear walls, masonry shear walls or plywood shear walls) and identify the work involved i.e. architectural, structural, mechanical, plumbing, electric etc.)*

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**EXPERIENCE:** ***List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)). Be sure to complete one sheet per project (or portion of a project if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience)***

| Name of Project: | Project Cost: | OSHPD Number *(if any)*: |
|---|---|---|

Employer Name, address and location *(Your employer is generally the entity who paid you; if not please explain):*

| Name of Supervisor *(Your supervisor is the individual who supervised your work and is familiar with the duties you performed):* | Supervisor Phone Number: |
|---|---|

Facility Name & Address:

| Timeframe: | Hours Worked on This Project: | Type of Construction: |
|---|---|---|
| From: _____/_____/_____ (Month Day Year) | Per Week: _____ | ☐ TYPE I ☐ TYPE III ☐ TYPE V |
| To: _____/_____/_____ (Month Day Year) | Weeks Per Year: _____ | ☐ TYPE II ☐ TYPE IV |

| Representative of: | Type of Responsibility: |
|---|---|
| ☐ Architect ☐ Local Building Official ☐ Owner | ☐ Technical Inspector |
| ☐ Engineer ☐ General Contractor | ☐ Inspection Supervisor |

Project Description *(this section should provide a focused description of the project and shall include: number of stories, project square footage, type of facility i.e. hospital, school, commercial, or residential, construction type i.e. steel moment frame, cast concrete shear walls, masonry shear walls or plywood shear walls) and identify the work involved i.e. architectural, structural, mechanical, plumbing, electric etc.)*

Description of Duties *(this section should provide a focused description of your work as either: project inspector (hospital, school, etc.), project manager (responsible for coordination, scheduling, tracking, construction progress, construction issue resolution), project superintendent (supervision of subcontractors, construction staff, project scheduling, quality control etc.), construction (foreman, supervisor, laborer), testing tech. (sampling, handling, testing, etc.), special inspector (welding, concrete placement, masonry, etc.), governmental building inspector (elec. mech. plumb. struct. plan review, etc.), design (engineering, drafting, plan review, etc.)*

**EXPERIENCE:** ***List all qualifying experience outlined in Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)). Be sure to complete one sheet per project (or portion of a project if experience gained on a large project needs to be subdivided to accurately portray all qualifying experience)***

| Name of Project: | Project Cost: | OSHPD Number *(if any)*: |
|---|---|---|

Employer Name, address and location *(Your employer is generally the entity who paid you; if not please explain):*

| Name of Supervisor *(Your supervisor is the individual who supervised your work and is familiar with the duties you performed):* | Supervisor Phone Number: |
|---|---|

Facility Name & Address:

| Timeframe: | Hours Worked on This Project: | Type of Construction: |
|---|---|---|
| From: _____/_____/_____ (Month Day Year) | Per Week: _____ | ☐ TYPE I ☐ TYPE III ☐ TYPE V |
| To: _____/_____/_____ (Month Day Year) | Weeks Per Year: _____ | ☐ TYPE II ☐ TYPE IV |

| Representative of: | Type of Responsibility: |
|---|---|
| ☐ Architect ☐ Local Building Official ☐ Owner | ☐ Technical Inspector |
| ☐ Engineer ☐ General Contractor | ☐ Inspection Supervisor |

Project Description *(this section should provide a focused description of the project and shall include: number of stories, project square footage, type of facility i.e. hospital, school, commercial, or residential, construction type i.e. steel moment frame, cast concrete shear walls, masonry shear walls or plywood shear walls) and identify the work involved i.e. architectural, structural, mechanical, plumbing, electric etc.)*

Description of Duties *(this section should provide a focused description of your work as either: project inspector (hospital, school, etc.), project manager (responsible for coordination, scheduling, tracking, construction progress, construction issue resolution), project superintendent (supervision of subcontractors, construction staff, project scheduling, quality control etc.), construction (foreman, supervisor, laborer), testing tech. (sampling, handling, testing, etc.), special inspector (welding, concrete placement, masonry, etc.), governmental building inspector (elec. mech. plumb. struct. plan review, etc.), design (engineering, drafting, plan review, etc.)*

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# Hospital Inspector
# Application for Certification Instructions

Pursuant to the California Administrative Code (CAC), Chapter 7, Section 7-203 (attached), an applicant may apply for the Hospital Inspector Certification Exam by submitting, to the Office of Health Planning and Development Facilities (Office), the following items prior to the final filing date announced for a scheduled exam:

- A completed application provided by the Office titled **"HOSPITAL INSPECTOR CERTIFICATION APPLICATION"**. The application shall include the exam title (A, B or C), preferred examination location, applicant's name, mailing address, telephone number and email address. An application for an examination is valid for one year commencing with the first available examination date. If applicant has not taken an exam within that one-year period, a new application and applicable fees must be submitted to participate in a future exam.

- A completed **"HOSPITAL INSPECTOR CERTIFICATION APPLICATION QUALIFICATIONS MATRIX"**. This form should be completed by the applicant to identify the inspector class they are interested in applying for. This form will aid in identifying the minimum criteria to be eligible to participate in the certification examination for a Class "A," "B," or "C" Hospital Inspector as defined in CAC Section 7-204.

- When substituting education for the required experience outlined in CAC Sections 7-204(a)1, 7-204(b)1, or 7-204(c)1, the applicant shall submit a completed **"HOSPITAL INSPECTOR CERTIFICATION APPLICATION EDUCATION AND CERTIFICATION FORM"** and copies of recognized certificates, licenses, registrations, and/or official sealed transcripts indicating educational courses completed by the applicant used to meet the minimum eligibility requirements.

- A completed **"HOSPITAL INSPECTOR WORK VERIFICATION FORM"**, provided by the Office or a letter from current and/or previous employer(s) regarding each job which meets the minimum qualifications for the certification examination. The document shall include but is not limited to the applicant's name, dates of employment, job description and employer's signature.

- A completed **"HOSPITAL INSPECTOR EXAM FEE PAYMENT FORM"** and a non-refundable "Application Review Fee" in the amount of $100.00 as specified in CAC Chapter 7, Section 7-206.

- A completed **"HOSPTIAL INSPECTOR EXPERIENCE FORM"** shall accompany the application and outline all qualifying experience for certification required by the CAC Section 7-204. This form is not required when the applicant is substituting the required experience with college education with major work in architecture, engineering, building inspection and or construction as outlined in CAC Sections 7-204(a)1, 7-204(b)1, or 7-204(c)1.

- A completed **"HOSPITAL INSPECTOR NAME, MAILING ADRESS OR CONTACT INFORMATION CHANGE FORM"** shall be submitted to the Office in Sacramento within 10 days of the change if the applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, changes their; name, mailing address, telephone number and email address.

  Inspector Certification Applications and all supporting documentation shall be submitted to:

  Office of Statewide Health Planning and Development Facilities Development Division
  Attn: Hospital Certification Program
  2020 W. El Camino Ave., Suite 800
  Sacramento, CA 95833

Please visit:
https://oshpd.ca.gov/construction-finance/hospital-inspector-certification-program/hospital-inspector-certification-examination/ for more information on Hospital Inspector Certification Examinations and related information.

## EXAMINATION INFORMATION

Applications, supporting documentation, and application review fee must be received by the final filing date. Incomplete submittals may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reason for non-acceptance. Upon review, verification, and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination.

The exam fee shall be submitted by an applicant for a specified examination prior to participation in the examination. An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled. If the Office has a need to reschedule an exam, a qualified applicant who has submitted the exam fee prior to the reschedule will be either reimbursed or credited for the exam fee amount.

All applicants must submit the "Application Review Fee" (non-refundable and non-transferable*) with the examination application. The Examination fee will be due once application is approved and no later than 10 days before the exam date. Candidates must have received written approval and paid all fees to participate in the examination. All candidates shall bring a valid form of photo identification issued by the State of California with signature (example: a driver's license) and may bring any of the codes and standards for examinations outlined in the "**Acceptable Reference Materials for Examinations"** document. Please note, only the referenced material listed in this document will be permitted in the examination room.

Upon review, verification and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination. Upon approval of the application, a confirmation notice of the test date and location will be mailed to the candidate. ***The candidate must provide the Office written confirmation for the approval date and the examination fee must be received no later than 10 business days before the examination date.***

## CLASS A EXAM

The **Class A** Hospital Inspector examination is an eight-hour test consisting of multiple-choice and/or true-false questions. The test is broken up into the following two parts:

- Part One is a four-hour test consisting of code questions (open book) which measure the candidate's:
  - Ability to identify and understand the application of Chapter 7 of the 2019 California Administrative Code, the 2019 California Building Standards Code, and Referenced Standards.
  - Knowledge of appropriate inspector duties.
  - Ability to communicate in writing.

  Refer to the *Acceptable Reference Materials for Exams* web page or Attachment H for a complete list of codes and standards. Most questions are multiple-choice; however, there may also be true-false questions.
- Part Two is a four-hour test consisting of questions on plan reading which measure the candidate's:
  - Ability to read, properly interpret and understand construction documents consisting of plans and specifications of a hospital construction project.
  - Knowledge of required inspector duties.
  - Ability to communicate in writing.

Each part of the test is divided into sections covering the following areas of construction inspection:

- Administrative, including inspector duties and responsibilities
- Structural including anchorage and bracing of non-structural components
- Architectural, including civil and accessibility
- Fire and Life Safety (FLS)
- Mechanical and Plumbing
- Electrical

## CLASS "B" EXAM

The **Class B** Hospital Inspector examination is a six-hour test consisting of multiple-choice and true-false questions. The test is broken up into the following two parts:

- Part One is a four-hour test consisting of code questions (open book) which measure the candidate's:
  - Ability to identify and understand the application of Chapter 7 of the 2019 California Administrative Code, the 2019 California Building Standards Code, and Referenced Standards.
  - Knowledge of appropriate inspector duties.
  - Ability to communicate in writing.

  Refer to the *Acceptable Reference Materials for Exams* web page or Attachment H for a complete list of codes and standards. Most questions are multiple-choice; however, there may also be true-false questions.
- Part Two is a two-hour test consisting of questions on plan reading which measures the candidate's:
  - Ability to read, properly interpret and understand construction documents consisting of plans and specifications of a hospital construction project.
  - Knowledge of required inspector duties.
  - Ability to communicate in writing.

Each part of the test is divided into sections covering the following areas of construction inspection:

- Administrative, including inspector duties and responsibilities
- Anchorage and bracing of Non-structural Components
- Architectural, including civil and accessibility
- Fire and Life Safety (FLS)
- Mechanical and Plumbing
- Electrical

## SUCCESS WITH PASSING CLASS A AND B EXAMINATIONS

To be successful in the Class A or B examination, a candidate must obtain a minimum score of 75% in each section shown in Table 1.

### TABLE 1

| Minimum Passing Scores – Class A and B Sections | | | | | | |
|---|---|---|---|---|---|---|
| | Administrative | Structural (A) Anchorage (A and B) | Architectural | FLS | Mechanical and Plumbing | Electrical |
| Code Application<br>Plan Reading | 75% | 75% Combined | 75% Combined | 75% Comb. | 75% Combined | 75% Combined |

A candidate who passes all sections of the Class "A" or "B" exam except one may retest that section within six weeks of the original exam date. Failure to achieve a minimum score of 75% on the retested section will be considered failure of the entire exam. The candidate may apply for a new exam pursuant to the procedures explained in the *Applying for the Certification Exam* section at the top of this page.

## CLASS C EXAMS

### Class C *one-hour* exam

For all Class C specialties except "Anchorage and Bracing of Nonstructural Components" specialty, the **Class C** Hospital Inspector examination is a *one-hour* examination consisting of multiple-choice questions (open book) to measure the candidate's understanding of Chapter 7 of the 2019 California Administrative Code. To be successful in the Class C *one-hour* certification examination, a candidate must obtain an overall minimum score of 75%.

### Class C *two-hour* exam

For the "Anchorage and Bracing of Nonstructural Components" Class C specialty, the candidate must take a *two-hour* examination of multiple-choice questions (open book) to measure the candidate's understanding of Chapter 7 of the current California Administrative Code, as well as applicable portions of the current California Building Standards Code. To be successful in the Class C *two-hour* certification examination, the candidate must obtain an overall minimum score of 75%.

If a certified Class C Hospital Inspector applies for additional Class C certification(s) within three years of passing the administrative section of the exam, additional certifications will be issued upon receipt of evidence of valid certification; it would not be necessary to retake the administrative exam. To add the "Architectural" or "Anchorage and Bracing of Nonstructural Components" Class C certifications, the applicant would have to present evidence of successful completion of the examination(s) in these specialties.

## RESULTS

Examination results will be mailed to the candidates approximately four weeks after the examination date.

## REAPPLICATION

A candidate who has failed an examination may apply to participate in a re-examination no sooner than six months from the exam previously taken by the candidate.

## DISQUALIFICATION

An applicant/candidate who is disqualified from an examination may not participate in an examination for a period of one year from the date of disqualification. Please refer to the "Conduct Relative to the Exam" section within this document for a list of inappropriate activities.

## FEES

All applicants must submit the "Application Review Fee" (non-refundable and non-transferable*) with the exam application. The "Examination Fee" may accompany the application or be submitted later with the applicant's confirmation and approval of the exams date and time. All fees listed below **must be received no later than 10 business days before the examination date** to participate in the exam.

| | |
|---|---|
| Application Review Fee (non-refundable/non-transferable) | $100.00 |
| Examination Fee (Class A or B) | $300.00 |
| Examination Fee for each specialty (Class C) | $100.00 |

**The "Application Review Fee" is only applicable to one application and cannot be transferred to another Exam Classification (i.e. an Application Review Fee for the Class A exam cannot be transferred to the Class B or Class C Application Review Fee.)*
Payments may be made using the **"HOSPITAL INSPECTOR EXAM FEE PAYMENT FORM"** and shall include a non-refundable "Application Review Fee" in the amount of $100.00 as specified in CAC Chapter 7, Section 7-206 (attached). Checks and money orders shall be made payable to "OSHPD". On-line payments are not available. Payment may also be made by any of the following payment methods:

- Check
- Money Order
- Novus/Discover card
- Visa
- MasterCard
- American Express

Payments must be mailed to:

Office of Statewide Health Planning and Development
Facilities Development Division
Attn: Hospital Inspector Certification Program
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833

## RESCHEDULING AN APPOINTMENT

Candidates who are accepted for an exam but are not able to attend for any reason may **notify the Office of their inability to attend the exam, one week prior** to the exam and may receive a **one-time** transfer for a future examination. The examination fee collected from the first appointment may be applied to the new test date. A candidate may request to reschedule or cancel an examination appointment by submitting a written request or by contacting the Office before the examination date. ***No refunds will be made for late cancellations or no-shows.***

If the Office reschedules an exam, the Office will notify the candidates of the new date in writing. If a candidate is unable to participate on the new date, the candidate may reschedule within a 12-month period and fees will be transferred to the new date.

## ACCESSIBILITY AND REASONABLE ACCOMMODATION

Applicants must submit a Reasonable Accommodation Request form (pages 3-6 of Policy Intent Notice (PIN) 61 available on the Office website at least 30 days prior to the exam date. Please direct questions regarding accessibility and/or reasonable accommodation to Michelle Lachica at (916) 440-8316 or email OSHPD.fddisu@oshpd.ca.gov.

## DAY OF THE EXAMINATION

The candidate should arrive a minimum of 30 minutes prior to the examination to allow for check-in and setup for the examination. Directions to the locations may be requested from Office of Health Planning and Development Facilities (Office), if needed. The following is required of the candidates prior to participating in the examination:

- Written approval from the Office to participate in the exam
- A valid form of photo identification issued by the State of California with a signature (example: a driver's license)
- All fees shall have been paid to the Office prior to participating the examination.

Candidates may bring any of the codes and standards referenced on the Acceptable Reference Materials for Exams web page or Attachment H. Please note, only the referenced material listed in Attachment H will be permitted in the examination room.

## EXAMINATION TIMES* FOR CLASS A, B, & C:

**Class A**
8:00 a.m.* - 5:00 p.m.
**Class B**
8:00 a.m.* - 3:00 p.m.
**Class C**
8:00 a.m.* or 1:00 p.m. (as scheduled)
Lunch period: 12:00 - 1:00 p.m.

***All examinations will start promptly at the beginning time listed above.*** Exceptions to these times must be approved in advance.

## CONDUCT RELATIVE TO THE EXAM

An applicant/candidate who participates in any of the following acts before, during, or after the administration of the examination shall be disqualified from the examination by the Office. ***The applicant or candidate shall not engage in activities that would compromise the integrity of the exam including but not limited to the following:***

- Copy any portion of the examination
- Participate in collusion regarding the examination
- Disclose contents of the examination questions to anyone other than a person authorized the Office
- Solicit, accept or compile information regarding the contents of the examination.
- This includes annotating or highlighting code books to compile information regarding the contents of the examination
- Falsify documents required for the examination entrance
- Engage in harassment of proctors or other candidates
- Write on the examination booklet, plans or any other document other than the provided answer sheet
- Use literature other than those referenced on the Office web page (view link titled Required Materials (Building Codes for Exams). No notes, loose paper or binders are allowed
- Share materials with another candidate
- Bring any electronic devices into the exam room including but not limited to cellular phones

Questions that seem ambiguous or incorrect may be challenged on the scratch paper provided. The challenge must be filed immediately upon conclusion of the test in writing. The challenge must include the question(s) and grounds for the challenge (i.e. incorrect code section, typographical error, etc.), exam date, and the candidate's signature. *Differing opinions on code interpretation are not grounds for challenge.* The results of the challenge will be returned by mail. Make sure to mark the best answer; **do not leave the challenged question blank.** Scratch paper is provided in your exam booklet and will be collected at the end of the exam.

## CERTIFICATION

A candidate who is successful in passing the examination will receive a Hospital Inspector Certificate and photo ID card issued by the Office. The candidate's name, email address and telephone number will be posted on the Office list of certified Hospital Inspectors available to the public through the Office website. Certification by the Office:

- Is valid for three (3) years from the date of issuance.
- Must be renewed prior to expiration in accordance with the process explained on the Hospital Inspector Recertification web page.
- **Does not guarantee job placement.**

## LOST, DESTROYED OR MUTILATED CARDS

Duplicate Hospital Inspector certification cards may be issued to replace a lost, destroyed, or mutilated card by submitting a written request to the Office and with the accompanying $25.00 duplicate certificate fee.

## 2019 California Administrative Code, Chapter 7, Section 7-203

**7-203. Applying for the certification examination.**

(a) An applicant may apply for the Hospital Inspector Certification Exam by submitting, to the Office, the following items prior to the final filing date announced for a scheduled exam:

1. A completed application, provided by the Office, shall be submitted to the Office in Sacramento and shall include the exam title, preferred examination location, applicant's name, mailing address and telephone number. An application for an examination is valid for one year commencing with the first available examination date. If applicant has not taken an exam within that one-year period, a new application and exam fee must be submitted to participate in a future exam.

2. Certificates or transcripts indicating educational courses completed by the applicant which relate to the minimum qualifying requirements stated in Section 7-204.

3. Work verification form or letter from current and/or previous employer(s) regarding any job which meets the minimum qualifications for the certification examination, and which includes the applicant's name, dates of employment, job description and employer's signature.

4. An "Application Review Fee" in the amount specified on a certification examination announcement for a scheduled exam and pursuant to Section 7-206. (b) Incomplete submittals may be rejected by the Office.

(b) Incomplete submittals may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reason for nonacceptance.

(c) Upon review, verification and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination.

Authority: Health and Safety Code Sections 18929 and 129675-130070.
Reference: Health and Safety Code Section 129850

## 2019 California Administrative Code, Chapter 7, Section 7-204

**7-204. Minimum qualification for examination.**

An applicant must meet the following criteria to be eligible to participate in the certification examination for a Class "A," "B," or "C" Hospital Inspector:

**(a) Minimum qualifications for Class ''A" Hospital Inspector Exam:**

1. High school graduation or the equivalent and six years' 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 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.]; or

2. Possess a valid California registration/license as a mechanical, electrical, or civil engineer and two years' 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 or inspection supervision; or

3. High school graduation or the equivalent and two years of working experience as a Class "B" Hospital Inspector; or

4. Possess a valid California registration/license as a structural engineer or a valid California license as an architect.

**(b) Minimum qualifications for Class ''B" Hospital Inspector Exam:**

1. High school graduation or the equivalent and four years' 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 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.]; or

2. Possess a valid California registration/license as a civil engineer and two years' 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 or inspection supervision; or

3. Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect.

**(c) Minimum qualifications for Class ''C" Hospital Inspector Exam:**

1. High school graduation or the equivalent and four years' 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 and possess a valid certificate issued by any of the following:

   Accessibility – Division of the State Architect Certified Access Specialist (CASp) certification
   Anchorage/Bracing of Nonstructural Components — Certification to be administered by the Office
   Electrical – ICC California Commercial Electrical Inspector certification
   Fire Alarm – NICET Fire Alarm Systems, Level III or ICC Commercial Fire Alarm Inspector certifications
   Fire Resistive Construction—ICC California Building Inspector certification
   Framing and Drywall—ICC California Commercial Building Inspector certification
   Inspection and Testing of Water Based Systems – NICET Inspection and Testing of Water Based Systems, Level III certification
   Mechanical — IAPMO California Mechanical Inspector certification
   Medical Gas Systems— NITC Medical Gas Inspector 6020 certification
   Plumbing— IAPMO California Plumbing Inspector certification
   Roofing— ICC California Commercial Building Inspector

   In addition to these certification organizations listed, the Office may accept the equivalent certification by a state or nationally recognized organization.

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; or

2. Possess a valid California registration/license as an engineer and two years' experience involving building projects as an architect's, engineer's, owner's, local building officials, local fire authority's, specialty contractor's or general contractor's representative in testing inspection or observation of construction and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above; or

3. Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above.

Authority: Health and Safety Code Sections 18929 and 129675-130070.
Reference: Health and Safety Code Section 129825.

## 2019 California Administrative Code, Chapter 7, Section 7-206

**7-206. Fees.**

(a) Fees required pursuant to subsection (b), shall be transmitted by credit card, money order, cashier check, certified check or personal check, and payable to the Office of Statewide Health Planning and Development.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

Application review $100.00 (nonrefundable)
Exam for Class "A" Inspector Certification $300.00
Exam for Class "B" Inspector Certification $300.00
Exam for Class "C" Inspector Certification $100.00 (for each specialty certificate)
Recertification exam $100.00
Delinquency fee $100.00
Duplicate certificate $25.00

(c) An application review fee must accompany an application for a certification examination. This fee is nonrefundable.

(d) An exam fee shall be submitted by an applicant for a specified examination prior to participation in the examination.

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

(f) If the Office has a need to reschedule an exam, a qualified applicant who has submitted the exam fee prior to the reschedule will be either reimbursed or credited for the exam fee amount.

Authority: Health and Safety Code Sections 18929 and 129675-130070.
Reference: Health and Safety Code Section 129825.

OSHPD Office of Statewide Health Planning and Development

**Facilities Development Division**
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(916) 440-8300
(916) 324-9188 Fax
www.oshpd.ca.gov/fdd

# HOSPITAL INSPECTOR
# NAME, MAILING ADRESS OR CONTACT INFORMATION CHANGE FORM

*(Must be printed or typed)*

| | |
|---|---|
| Inspector Name: | Certification Number(s): |
| Indicate Current Certification(s) held:<br>☐ Class "A" ☐ Class "B" ☐ Class "C" | License Expiration Date(s) |
| Current Mailing Address: | City, State and Zip Code: |
| Current Phone Number: | Current Email Address: |
| **INDICATE CHANGE (only complete the following sections if there has been a change):**<br>☐ Name ☐ Address ☐ Telephone ☐ Email | |
| New Name: *(Any change of name must be supported with a copy of either; a marriage certificate, court document authorizing a legal name change, a clear copy of driver's license and social security card with your new name. The Office will not accept these documents by facsimile)*: | |
| New Address: | City, State and Zip Code: |
| New Phone Number: | New Email Address: |
| **RESIDENCE (Physical) ADDRESS** (*Must be listed if the mailing address listed above is not your place of residence)*: | |
| Address: | City, State and Zip Code: |

*Pursuant to the California Administrative Code Title 24, Part 1, Article 19, Section 7-202, "An applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Sacramento within 10 working days of that change. The information filed shall include both the new and former name, mailing address or telephone number." All information submitted to the Office is considered public information. Anyone wishing to obtain this information may obtain it by filing a public record request pursuant to the Public Records Act (Government Code section 6250 et seq.). All notices of change in name, address, telephone or email shall be mailed to 2020 West El Camino Ave., Suite 800, Sacramento CA. 95833.*

Signature _____ Date _____