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)*:

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Phone Number of Principal Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 2</td>
<td>Alternate Phone</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Website</td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 2</td>
<td>Alternate Phone</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>
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
Address Line 1
Address Line 2
City, State, Zip
County
Title
Phone
Alternate Phone
E-mail address

**Individual 2:**

Name
Address Line 1
Address Line 2
City, State, Zip
County
Title
Phone
Alternate Phone
E-mail address
Individual 3:

Name ___________________________  Title ___________________________

Address Line 1 ___________________________  Phone ___________________________

Address Line 2 ___________________________  Alternate Phone ___________________________

City, State, Zip ___________________________  E-mail address ___________________________

County ___________________________

(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 health care 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 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, any attachments, and all related questions shall be submitted to:

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

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

- I understand that I must maintain records in either electronic or paper form both at the sponsored event 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 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

**PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Deputy Director of the Legislative and Policy Review Division at the address and telephone number listed above.