



OSHPD-3 REQUEST FOR PLAN REVIEW

Form

VERSION 1.0 REVISED 10/15/14

QUALIFYING CLINIC TYPES

OSHPD-3 Clinics are clinics that provide medical care on an outpatient basis, including the following:

1. Outpatient clinical services of a hospital when provided in freestanding buildings that are not physically connected to the hospital.
2. Primary care clinics, licensed by the State of California, including free clinics, community clinics, employee clinics, and optometric clinics.
3. Specialty clinics, licensed by the State of California, including surgical clinics, chronic dialysis clinics, rehabilitation clinics, and alternate birth centers.
4. Psychology clinics licensed by the State of California.

DECLARATION OF REQUEST

Plan check number: _____

Project Address: _____

Please check all boxes that apply to your project:

- This clinic **will** be a state licensed OSHPD-3 clinic.
 - OUTPATIENT CLINICAL SERVICES OF A HOSPITAL
 - RADIOLOGICAL / IMAGING SERVICE
 - X-RAY EXAMINATION SERVICE
 - COMPUTERIZED TOMOGRAPHY (CT) SCANNING SERVICE
 - MAGNETIC RESONANCE IMAGING (MRI) SERVICE
 - ULTRASOUND SERVICE
 - MAMMOGRAPHY SERVICE
 - GASTROINTESTINAL ENDOSCOPY SERVICE
 - NUCLEAR MEDICINE SERVICE
 - RADIOTHERAPY SERVICE
 - CANCER TREATMENT / INFUSION THERAPY SERVICE
 - PRIMARY CARE CLINIC
 - FREE CLINIC
 - COMMUNITY CLINIC
 - EMPLOYEE CLINIC
 - OPTOMETRIC CLINIC
 - PRIMARY CARE CLINIC PROVIDING ABORTION SERVICES
 - SURGICAL CLINIC
 - CHRONIC DIALYSIS CLINIC

- REHABILITATION CLINIC
- ALTERNATIVE BIRTHING CLINIC
- PSYCHOLOGY CLINIC
- This clinic **will not** be a state licensed OSHPD-3 clinic.

I am requesting the City of San Mateo, per Section Article 21, Chapter 7 of the California Administrative Code (CAC). Please check one box:

- Provide plan review, inspection of construction, and certification to OSHPD that the project meets the requirements for OSHPD-3 clinics.
- Provide plan review and verify that construction has been inspected by an OSHPD certified inspector prior to final inspection.
- Provide plan review only.

I certify under penalty of perjury that I have the knowledge and authority to make this declaration.

Print Name:	
Signature:	
Title:	
Date:	
Address:	
City/State/Zip:	
Phone:	
Email:	