



EXISTING CHDP PROVIDER – UPDATE

CHDP PROVIDER CHECKLIST

Below is a checklist of items needed to update the file of an EXISTING CHDP PROVIDER. Please return completed checklist and supporting documents. Feel free to call our office at 951.358.5481 if you have any questions.

Applicant: _____

Facility Name(s): _____

Address(es): _____
(Where Provider will service CHDP clients)

Contact: _____ Email: _____

Phone: _____ Fax: _____

- For PA/NP: Original, signed** CHDP Phys/Non Phys Agreement [Signed in Blue Ink](#)
- Applicant Email Address:
- Language(s) spoken:
- Copy of current unrestricted license or verification **Exp:**
- Malpractice Insurance – showing coverage **at clinic address** **Exp:**
- Proof of Attendance of a CHDP Workshop in the last 5 years (may inquire with CHDP local program).

Submit application checklist and required documents to the following email address:

CHDPRiverside@ruhealth.org

Or you may mail to:

County of Riverside Department of Public Health
CHDP
P.O. Box 7600
Riverside, CA 92513-7600