



LICENSURE AND/OR CERTIFICATION ONLINE APPLICATION CHANGE OF SERVICES - ONSITE

Application Details

Online Application ID	Submitted Date	Submitted By
LNC0008970	04/01/2026	Chris Traulsen
Facility Name	Facility ID	
Bakersfield Memorial Hospital	120000338	

Existing Services

Remove - Burn Center

See California Code of Regulations Title 22 CCR Section 70105 for additional information.

Enter the date of notice for the facility closure, elimination, or relocation of service.

06/30/2026

Will the services be completely eliminated from the hospital?

☒ Yes ☐ No

Change of Equipment

Are you changing equipment at this location?

☐ Yes ☒ No

Construction Information

Is construction required for this location?

☐ Yes ☒ No



Disclaimer

Release of Information Statement

Information provided to the California Department of Public Health in an application for licensure is mandatory and necessary for licensure approval. This information will be used to determine the ability of the individual applicant or facility applicant to provide health services. Any changes must be provided to the California Department of Public Health within 10 days of the change. The California Department of Public Health requests this information in accordance with the Health and Safety Code, sections 1253, 1265, and 1728, and California Code of Regulations, title 22, sections 70101, 71107, 73205, 74105, 75022, 76205, and 78205. Failure to provide the requested information may result in non-issuance of a license. Providing false or misleading information may result in non-issuance of a license or license revocation. The information you submit to the California Department of Public Health is considered public information and will be made available to the public upon request. The information will be included and maintained in the public files for each individual facility located in the Licensing and Certification district offices.

Applicant Signature

I agree to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☒ I acknowledge and agree to the above Terms of Acceptance

Electronic Signature (Please type your full legal name)

Christine Traulsen

Date

04/01/2026

Title

Executive Assistant