

Preadmission Screening and Resident Review
Facility Approver Certification Application

Complete this form to request facility Approver changes to the Preadmission Screening and Resident Review (PASRR) System.

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Facility Phone Number: _____

Facility Type: _____ Other Facility Type: _____

- Facility Approvers are responsible for activating/inactivating users of the PASRR System and initiating/accepting file exchanges.
- Each facility Approver shall have and use a unique and valid email address. Reusing email addresses is prohibited.
- The Facility Administrator shall submit this form by email to: PASRRIT@dhcs.ca.gov

Add/Remove the following as a facility Approver:

Last Name	First Name	Job Title	Business Cell Phone Number	Business Email Address	Request
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

Last Name	First Name	Job Title	Business Cell Phone Number	Business Email Address	Request
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

Facility Administrator Certification: I, the undersigned:

☐ Request the above facility Approver changes. The California Department of Health Care Services shall rely on approvals, denials, and changes made by a facility Approver in the PASRR System. As changes occur to the above facility Approvers being added or removed, I will complete a new Preadmission Screening and Resident Review (PASRR) Facility Approver Certification Form, DHCS 3702 (Revised 6/2024) and submit the completed form by email to PASRRIT@dhcs.ca.gov.

Facility Administrator (Print Name)

Facility Administrator (Email address)

Facility Administrator (Signature)

Date**Privacy Statement**

The personal and protected information collected on and with this form is confidential and subject to the California Department of Health Care Services (Department) [Notice of Privacy Practices](#). The Department needs the information to process facility Approver changes into the PASRR System. The Department will not use or share the information for other purposes except with your permission or as permitted by law. You must provide all of the required information on this form. If you do not provide all of the required information, we cannot process facility Approver changes into the PASRR System. In most cases, the individual(s) to whom this information pertains has the right to access it. The Department is authorized to collect this information pursuant to Welfare and Institutions Code, sections 14043 through 14043.75; section 1919(e)(7) of the Social Security Act (title 42 United States Code section 1396r(e)(7)); California Code of Regulations, title 22, sections 51000 through 51451 and 52700 through 52710; and Code of Federal Regulations, title 42, part 483. This privacy notice is required by California Civil Code section 1798.17.