OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES
HEALTH RESOURCES DEVELOPMENT SERVICE
P.O. Box 268823
Oklahoma City, OK 73126-8823
Tel. (405) 426-8175 Fax. (405) 900-7571

# CERTIFICATE OF NEED APPLICATION FOR EXEMPTION FOR A LICENSED NURSING OR SPECIALIZED FACILITY FACILITY REPLACEMENT OR RELOCATION

**I.** **Name and address of facility affected:** _____

_____

_____

(Area Code) Telephone Number (Area Code) Fax Number

**II.** **Name and address of contact person:** _____

_____

_____

(Area Code) Telephone Number (Area Code) Fax Number

**II.** Submit ODH Forms 953-B Disclosure Statement, 953-C Detail Attachment and 953-D Affirmation Attachment to provide complete disclosure of all persons and entities involved in and affected by the transfer.

**IV.** Current number of licensed beds: _____ Number of licensed beds in new facility: _____

**V.** Straight-line distance from current site to new site: _____ miles. Attach a map that shows the current and new locations and demonstrates that the sites are no more than three (3) miles apart for rural areas, seven-and-one-half (7-1/2) miles apart for urban areas. The map must include a mileage scale.

**VI.** Attach a plan for the use of the facility to be replaced or relocated that ensures continuity of services. Will the existing facility be used as a licensed nursing facility after the new facility is licensed? [ ] Yes [ ] No

**VII.** **This form must be accompanied by a $100.00 filing fee. Make checks payable to the Oklahoma State Department of Health.**

I certify that the foregoing is true and complete to the best of my knowledge and belief.

_____ _____

Typed or Printed Name of Person Signing for Applicant Signature of Applicant

_____ _____

Name of Corporation, Partnership or Association Official Title or Position

State of _____ County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

_____

Name(s) of person(s) making statement.

Seal or Stamp: _____

Signature of Notary Public

My Commission Expires: ____/____/_____

My Commission Number is: _____