

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED

NOTICE OF ADDITION OF A HEALTH SERVICE OR EQUIPMENT

Pursuant to 900 KAR 6:110, any health facility that adds equipment or makes an addition to a health service for which there are review criteria in the State Health Plan but for which a certificate of need is not required shall notify this office within ten (10) days of the addition of the health service or equipment.

1. Name of Health Facility _____

License Number: _____

Address of Facility _____

(City) (State) (Zip) (County)

2. Health service or equipment that has been added, and total rooms or equipment after addition:

3. Capital Expenditure: _____

4. Date that health service or equipment was added: _____

(PRINTED NAME) (TITLE)

(EMAIL ADDRESS) (AREA CODE-TELEPHONE NO-EXT)

(Signature of Authorized Representative) (Date)

COMPLETE AND RETURN TO:

OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED
275 EAST MAIN STREET 5EA
FRANKFORT, KY 40621
Phone: (502) 564-9592
Email: CON@ky.gov
Fax: (502) 564-6546