COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL DIVISION OF CERTIFICATE OF NEED

CON - Form 10A

Revised (12/2020)

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)

1. Health service or equipment that has been added, and total rooms or equipment after addition:
2. Capital Expenditure:
3. 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](mailto:CON@ky.gov) Fax: (502) 564-6546