

New York State Department of Health
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural & Engineering Facility Planning

ARCHITECTURAL AND ENGINEERING CERTIFICATION
Completed Construction

Date: _____

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Facility Planning
ESP, Corning Tower, 18th Floor
Albany, New York 12237

Re: Name: _____
Location: _____
Description: _____

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of working drawings and specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure is designed and constructed, in accordance with the functional program for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project has been designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code - 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. ___712 (Standards of Construction for General Hospital Facilities)
 - b. ___713 (Standards of Construction for Nursing Home Facilities)
 - c. ___714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. ___715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. ___716 (Standards of Construction for Rehabilitation Facilities)
 - f. ___717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of Bureau of Architectural and Engineering Facility Planning of the New York State Department of Health for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and

717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the pre-opening inspection for this project. It is understood that an electronic copy of final Construction Documents on CD, must be submitted to BAEFP for all projects subject to Full or Administrative Reviews.

Project Name: _____

Location: _____

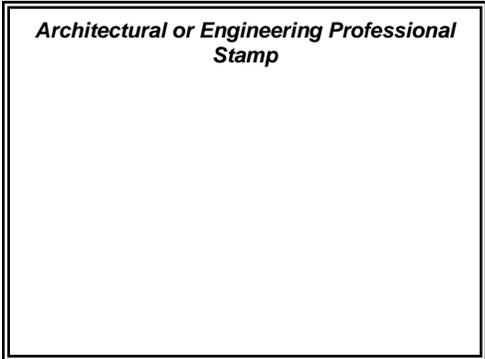
Description: _____

Signature of Architect or Engineer

Name of Architect or Engineer (Print)

Professional New York State License Number

Business Address



The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above- mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant

Date

Name (Print)

Title

Notary required for the Applicant

STATE OF NEW YORK)
County of _____) SS:.
_____)

On the ___ day of _____ 20___, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) _____