SELF-CERTIFICATION FORM FOR
ARCHITECTS AND ENGINEERS

Date:
CON Number:
Facility Name:
Facility ID Number:
Facility Address:

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237
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
   construction documents and specifications for the aforementioned 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
genral progress, quality and conformance of the work.

2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed
   and constructed, in accordance with the programmatic requirements for the aforementioned and in accordance with any
   project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The above-referenced construction project will be 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)

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State
   Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of
   Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon
   submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-
   opening survey findings of deficiencies by the NYSDOH Regional Office, 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.
6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.
Project Name: __________________________________________
Location: ____________________________________________
Description: __________________________________________

________________________________________________________
Signature of NYS Licensed Architect/Engineer

________________________________________________________
Name of Architect/Engineer (Print)

________________________________________________________
Professional New York State License Number

________________________________________________________
Business Street Address, City, State, Zip Code

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 signing required for the applicant

________________________________________________________
STATE OF NEW YORK  
) SS:
County of _______________ )

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) __________________________________________________
### Project Eligibility Checklist for Architectural/Engineering Self-Certification

<table>
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<tr>
<th>Does the project include any of the following?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.</td>
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1. **Is a waiver or exceptions required?**

2. **Will the project costs exceed $15,000,000.00 (fifteen million dollars)?**

3. **Is Bulk Oxygen /Medical Gas Storage associated with this project?**

   Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:
   a. Hyperbaric Chambers
   b. Bulk Systems include Nitrous Oxide System and Oxygen System:
      Definitions as defined below:
      - **Bulk Nitrous Oxide System.** An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft³ (793 m³)] (NTP) of nitrous oxide. (PIP)
      - **Bulk Oxygen System** An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft³ (566 m³) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)

4. **Will this project have Locked or Secured Units?**

   Examples of Locked or Secured Units include but not limited to the following:
   a. Observation Units for behavioral health in ED’s.
   b. Behavioral health located within inpatient settings.
   c. Nursing Homes or other facilities with Dementia Units that are locked.
   d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.

5. **Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers?**

   Examples, include but not limited to the following:
   a. Endoscopy Procedure Rooms
   b. Procedure Rooms
   c. Operating Rooms
   d. Interventional Imaging
      i. Located in procedure rooms
      ii. Located in operating rooms

6. **Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements?**

   Examples, include but not limited to the following:
   a. New Ambulatory Surgery Center
   b. Endoscopy Centers and or Other Procedure Rooms
   c. Free Standing Emergency Departments providing Definitive Care.

7. **Is this project intended to provide Ventilator units for patients located in nursing homes?**

8. **Does this project involve Airborne infection isolation (AII) room?**

9. **Does this project involve Protective environment (PE) room?**