



**ARCHITECT'S OR ENGINEER'S LETTER OF CERTIFICATION FOR MRI INSTALLATIONS**

Date: \_\_\_\_\_

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, 18<sup>th</sup> Floor  
Albany, New York 12237

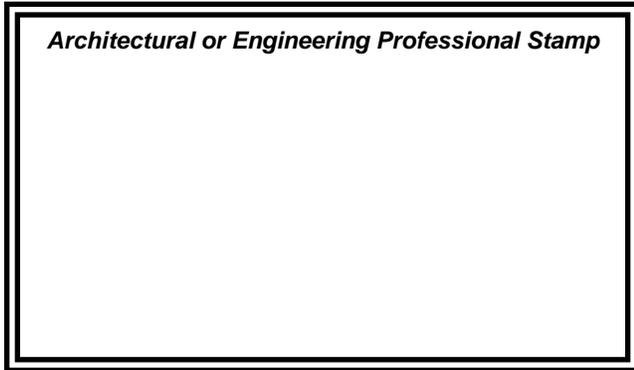
Re: CON Project #: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description of Project: \_\_\_\_\_

To The New York State Department of Health:

I certify that, as a contractor of the above-named facility, it is my duty to prepare working drawings and specifications related to MRI magnetic shielding and radio frequency shielding. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2, including but not limited to sections 2.2 - 3.4 of the 2010 Guidelines for Design and Construction of Hospital and Health Care Facilities. I have reviewed the manufacturer's certifications accompanying all relevant equipment to ensure that such certifications satisfy all requirements for patient, operator, and public safety.

Further, I agree to submit an architectural rendering identifying the proposed MRI location, including the 5 Gauss line in three-dimensional planes, and demonstrating that the electromagnetic and radio frequency environment are appropriate for the location. Plans that delineate all areas of the room shall be included.

I attest that I have been authorized by the above named facility to make this certification.



\_\_\_\_\_  
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 certification, the Department of Health shall have continuing authority to: (a) review all architectural and engineering plans and to inspect the project to ensure compliance with the above-mentioned technical standards; and (b) withdraw its approval of the application for failure to comply with such standards. I understand that I have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

\_\_\_\_\_  
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** \_\_\_\_\_