

**New York State Department of Health**  
**Division of Health Facility Planning/Bureau of Architectural & Engineering Facility Planning**

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**ARCHITECTURAL AND ENGINEERING CERTIFICATION FOR CONSTRUCTION PROJECTS  
FOR USE WITH LIMITED REVIEWS, ADMINISTRATIVE REVIEWS  
AND FULL REVIEWS WITH A PROPOSED TOTAL PROJECT COST OF LESS THAN \$15 MILLION**

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

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

Re: Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

To the New York State Department of Health:

I hereby certify that:

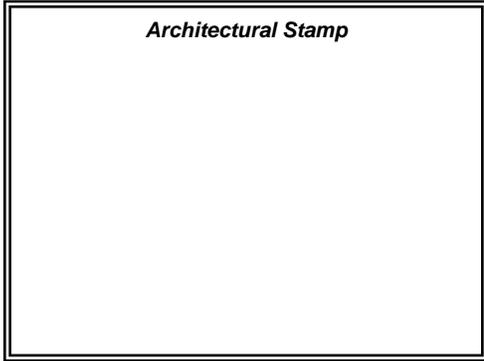
1. I have been retained by the above-named facility, to provide services related to the design and preparation of working drawings and specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required 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 will be designed and constructed, in accordance with the functional program for the referenced construction project 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 will be designed and constructed in compliance with 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)
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, or 716), I shall bring this to the attention of Bureau of Architectural and Engineering Facility Planning 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 achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715 and 716, 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 CON review and subsequent formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, must be submitted 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 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)** \_\_\_\_\_