
New York State
Electronic Certificate of Need
HCS Applicant Training
Submit Application

Version 4.0

NYS Department of Health

Revisions

January 2015

1. Page 25: Added Executive Summary and updated all screen images to reflect Executive Summary tab.

January 2016

1. Page 25: Added rich text features to the Executive Summary.

February 2017

1. Page 14: Added option for use of NY.gov ID.

April 2018

1. Pages 30-44: Added Sites Tab functions.
2. Page 6: Added redesigned submission process.

May 2018

1. Updated screen images throughout for the improved submission process.

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Submit New York State Electronic Certificate of Need (NYSE-CON) Application

Overview

Contents

In this document one will learn how to:

- 1 Create a New Submission
 - 2 Search for a Facility
 - 3 View the Facility Results
 - 4 Enter the Executive Summary
 - 4 View Existing Applications
 - 5 Save a New Submission
 - 6 Add Application Documents
 - 7 Submit the Project
 - 8 Modify a Submission
-

This process is for Applicants who have Submitter role for NYSE-CON.

Users outside DOH who are submitting a CON application, notice or construction notice, or have 'update' access to a CON application or notice, are considered an Applicant.

For the Health Commerce System (HCS) NYSE-CON, applicants must have an HCS account. An HCS Coordinator will need to grant one access for one's organization.

As a **CON-Submitter** one can:

- Create new applications and modify them before submission
- View all tabs, upload documents, respond to correspondence
- Submit the application

As a **CON_Updater**, one can:

- Modify applications before submission
- View all tabs, upload documents, respond to correspondence

Note: CON Updater cannot create an application or submit it.

Creating a New Submission

Menu selection

The Create New Submission module is reached via the Quick Link **Create New Submission** located on the Home page (Figure 1) or in the NYSE-CON Tool bar located on top right corner of Project Search screen. This opens the Submission Selection Screen. (Figure 2).

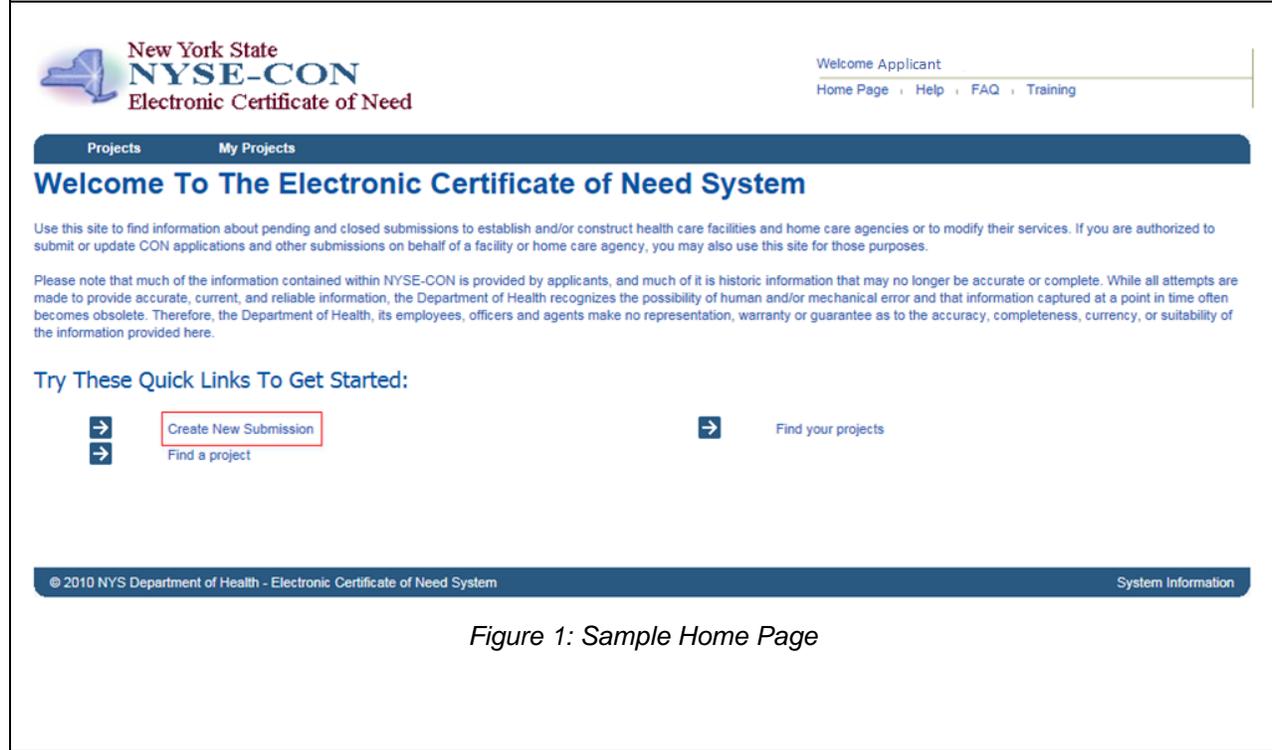


Figure 1: Sample Home Page

Submission Type Selection Starting Point

New York State NYSE-CON Electronic Certificate of Need

Applicant
Home Page | Help | FAQ | Training

Projects My Projects

Create New Submission

Instructions
We will need to get a starting point for your submission, in order that we may ask you more specific questions later.

New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice.

Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.

Other Changes to Existing Facility/Agency is for submissions, including but not limited to, renovating existing facilities/agencies, adding or deleting services, modifying service area, and construction notices.

What type of submission would you like to create? (Select one)

- New Facility/Agency
- Changes in Ownership/Operator of Existing Facility/Agency
- Other Changes to Existing Facility/Agency

Continue

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Figure 2: Sample Type of Submission Selection

Facility/Agency Type Selection

The screenshot shows a web application interface for selecting a facility or agency type. At the top, there are tabs for 'Projects' and 'My Projects'. The main heading is 'Create New Submission - Facility/Agency Type Selection'. Below this is an 'Instructions' box stating: 'You have selected New Facility/Agency. Choose one facility or agency type and select Continue to proceed.' The main content area is titled '*Select Facility or Agency Type:' and contains a list of radio button options: 'Certified Home Health Agency', 'Diagnostic And Treatment Center', 'Hospice', 'Hospital' (which is selected), 'Licensed Home Care Services Agency', 'Long Term Home Health Care Program', and 'Residential Health Care Facility'. A 'Continue' button is located below the list. At the bottom left, a note states: '* Fields marked with an asterisk (*) are required for saving information from this screen.' The footer contains '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Figure 3: Sample Facility/Agency Type Selection Page

Select Submission Type

The screenshot shows a web application interface for selecting a submission type. The main heading is 'Create New Submission - Select Submission Type'. Below this is an 'Instructions' box stating: 'You have selected New Facility/Agency with a facility type of Hospital. Select one submission type and select Continue to proceed.' The main content area is titled 'Current Selection: None' and '*Select Submission Type:'. It contains two radio button options: 'New Facility or Agency' and 'New Facility or Agency with Construction'. A 'Continue' button is located below the list. At the bottom left, a note states: '* Fields marked with an asterisk (*) are required for saving information from this screen.' The footer contains '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Figure 4: Sample Select Submission Type Page

Facility Search

Learning Objective	Step	Action
How to Search for a Facility/ Agency	1	Enter or select the desired criteria* in the Facility/Agency Search screen. <i>Note: Facility information must be valid in Health Facilities Information System (HFIS)</i>
	2	Click the Search button. Result: The Create New Submission – Facility/Agency Search Result screen appears (Figure 7) with the Project search results sorted alphabetically by Facility Name.

Figure 5: Sample Create New Submission – Facility/Agency Search

Figure 6: Sample Create New Submission – Facility/Agency Selection

Facility Selection

Learning Objective	Step	Action
How to Select a Facility and Continue	1	Select the radio button next to the Facility Type (<i>Figure 7</i>).
	2	Select the Continue with Selected button. Result: The Create New Submission – Select Submission Type screen appears (<i>Figure 8</i>). The Submission Selection screen (<i>figure 9</i>) shows all the pending applications submitted for the selected Facility Name.

The screenshot displays the 'Create New Submission - Facility/Agency Search Results' page. At the top, there are tabs for 'Projects' and 'My Projects'. Below the title, an 'Instructions' box states: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency. Select the facility/agency for this submission.' The search interface is divided into three main sections: 'SEARCH CRITERIA', 'DISPLAY RESULT PREFERENCES', and 'RESULTS TOOLBOX'. 'SEARCH CRITERIA' includes fields for 'Facility ID: License/OpCert #' and 'Facility/Agency Name: Albany Medical Center', along with 'Print Search Results' and 'Perform New Search' buttons. 'DISPLAY RESULT PREFERENCES' shows 'Per Page' options (Display 25, 50, 100, Display All) and 'Address' options (Show Project Address, Don't Show Project Address). The 'RESULTS TOOLBOX' contains a 'Continue With Selected' button. Below these sections, a table shows '2 results found, displaying all results.' with columns for Facility Type, Facility Name, Facility ID, OpCert #, and Operator. The first result is selected with a radio button.

Facility Type	Facility Name	Facility ID	OpCert #	Operator
<input checked="" type="radio"/> Hospital	Albany Medical Center - South Campus	2	0101005H	Albany Medical Ctr & Albany Medical Ctr - South Clinical Campus
<input type="radio"/> Hospital	Albany Medical Center Hospital	1	0101000H	Albany Medical Center Hospital & Albany Medical Center

Figure 7: Sample Create New Submission – Facility/Agency Search Results

Application Selection

Projects **My Projects**

Create New Submission - Select Submission Type

Instructions
 You have selected **Other Changes to Existing Facility/Agency** for facility **Z Test Hospice (8888)**.
 Select one submission type and select Continue to proceed.

Current Selection: None

*Select Submission Type:

Administrative Review

Full Review - Construction (Non-Establishment)

* Fields marked with an asterisk (*) are required for saving information from this screen.

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Figure 8: Sample Create New Submission – Submission Type Selection

Projects **My Projects**

Create New Submission - Submission Selection

Instructions
 You have selected **Other Changes to Existing Facility/Agency** for facility **Z Test Hospice (8888)**.
 Similar submissions were found and listed below. You may choose to view or update an existing submission by selecting the submission and selecting "Continue With Selected", or you may confirm creating a new submission by selecting "Create New Submission".

2 results found, displaying all results. 1

#	Project Description	Submission Type	Project Status	Project Status Date	County
<input type="radio"/>		Application - Administrative Review			CORTLAND
<input checked="" type="radio"/> 181981		Application - Full Review - Construction (Non-Establishment)	Received	05/02/2018	CORTLAND

Figure 9: Sample Create New Submission – Submission Selection

Learning Objective	Step	Action
How to Enter Information and Save a New Submission	1	The Submission Type will auto fill (Figure 11) based on your previous selection. You can change Submission Type by selecting the change button. By selecting the Change button, the submission process will restart from Select Submission Type screen.
	2	Main Site Information will auto fill based on information submitted to Health Facilities Information System. If one is entering a New Facility enter the Main Site information.
	3	Operator Information will auto fill from HFIS.
	4	Enter the Proposed Operator Information. If applicable, select the checkbox that allows to copy the same information for proposed operator as the current operator.
	5	Enter the Contact Information. If available enter Alternate Contact information.
	6	Enter the Total Project Cost amount (also known as the Submitted Capital Cost).
	7	Select the Save button. Result: General Information page will appear with the information entered is displayed, along with instructions of what to do next.

Create New Submission – CON Application

Create New Submission - Identifying Information

Instructions

Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) are required to proceed with the submission process.

To cancel this application submission without saving, click [here](#).

*Submission Type: New Facility or Agency with Construction Change

Main Site Information

*Facility Type: Hospital

*Facility Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip Code:

*County:

Proposed Operator

†Name:

†Street 1:

Street 2:

†City:

†State:

†Zip Code:

†County:

Contact Information

†Title:

†First Name:

†Last Name:

†User ID:

†Account Type: NY.gov ID HCS ID

†Email:

†Phone:

Fax:

†Street 1:

Street 2:

†City:

†State:

†Zip Code:

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

Alternate Contact Information

†First Name:

†Last Name:

†Email:

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

†Total Project Cost:

Figure 10: Sample Create New Submission – CON Application

Create New Submission – Construction Notice

Create New Submission - Identifying Information

Instructions

Fields marked with an asterisk (*) are required for saving information from this screen.
 Fields marked with a dagger (†) are required to proceed with the submission process.

To cancel this application submission without saving, click [here](#).

***Submission Type:** Notice - Construction - One for One Equipment Replacement - General Service Related Equipment - CT Scanners

†Submission Description:

A brief description of this submission.

Is this submission for a cited deficiency?

Main Site Information

* **Facility Type:** Hospital
 * **Facility Name:** Albany Memorial Hospital
 Facility ID: 4
 † **Street 1:** 600 Northern Blvd
 Street 2:
 † **City:** Albany
 State: NY
 † **Zip Code:** 12204
 * **County:** ALBANY

Current Operator

† **Name:** Memorial Hospital, Albany NY
 † **Street 1:** Memorial Hospital
 Street 2:
 † **City:** Albany
 State: NY
 † **Zip Code:** 12204
 County:

Contact Information

† **Title:**

† **First Name:**

† **Last Name:**

† **Email:**

† **Phone:**

Fax:

† **Street 1:**

Street 2:

† **City:**

† **State:**

† **Zip Code:**

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

Alternate Contact Information

† **First Name:**

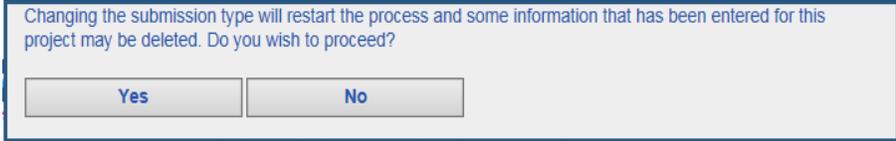
† **Last Name:**

† **Email:**

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

† **Total Project Cost:**

Figure 11: Sample Create New Submission – Construction Notice

Learning Objective	Step	Action
<p>How to Modify the Submission Type</p>	<p>1</p>	<p>On the Create/Modify page, select the Change button next to the Submission Type</p>  <p><i>Figure 12: Sample Change Submission Type</i></p>
	<p>2</p>	<p>Select Yes to proceed.</p>  <p><i>Figure 13: Sample Confirm Change Submission Type</i></p>
	<p>3</p>	<p>Restart from the Submission Type screen (Figure 4).</p>

General Information

NOTE: One can save the project with minimal data but the fields marked with a dagger (†) are required to be filled to create a project. After creating the project, one can see the General Information Screen. For Submission one needs to submit an Executive Summary along with all the required documents listed in the Application tab.

Select Modify button to continue to enter additional project information.

Projects
My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection

General Information

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
Post Approval
Summary

Application Number:
Facility Name: Z Test Hospice
Project Description:
Submission Type: Application - Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction
Project Status: **Project Status Date:**
Review Level: **Received Date:**
Total Project Cost: \$456,123,789.69 **Initial Review Date:**
Acknowledgment Date:

Main Site Information

Facility Name:	Z Test Hospice		
Physical Address:	11 Kennedy Parkway Cortland, NY 13045	Facility ID:	8888
County:	CORTLAND	Facility Type:	Hospice
Current Operator:	Cortland County Department of Health 60 Central Avenue Cortland, NY 13045	Operating Certificate Number:	1101500F
Proposed Operator:	Cortland County Department of Health 60 Central Avenue Cortland, NY 13045	Current Operator County:	
		Proposed Operator County:	ALBANY

Contact Information

Name:	ankit sharma	Title:	Mr
Email:	ankit.sharma@its.ny.gov	Address:	489 Washington Avenue Albany, NY 12204
User ID:	azs06		
Phone:	(425) 879-6305		
Fax:			

Alternate Contact Information

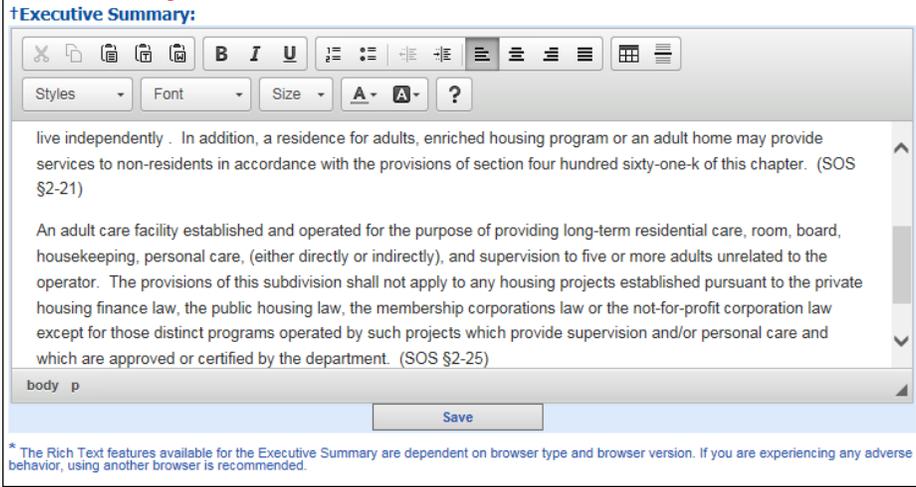
Name:	ankit sharma	Email:	ankit.sharma@its.ny.gov
--------------	--------------	---------------	-------------------------

Modify
Submit

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Figure 14: Sample General Information

Executive Summary

Learning Objective	Step	Action
<p>How to enter Executive Summary</p>	<p>1</p>	<p>Select the Executive Summary tab (Figure 15).</p>
	<p>2</p>	<p>Enter an overview of the project proposal in the text box.</p>  <p><i>Figure 16: Sample Executive Summary Text-box</i></p>
	<p>3</p>	<p>Select the Save button.</p>  <p><i>Figure 17: Save Button on Sample Executive Summary Screen</i></p>

Rich Text Limitations

When pasting content containing images into the Executive Summary Editing Textbox, the images will not be copied.

Projects My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection

New Submission-Executive Summary

General **Executive Summary** Sites Application Correspondence Decision Contingencies Post Approval Summary

Application Number:
Facility Name: Z Test Hospice
Project Description:
Click "Save" to save the changes

Executive Summary:

Rich Text Editor toolbar: Cut, Copy, Paste, Bold (B), Italic (I), Underline (U), Bulleted List, Numbered List, Link, Unlink, Indent, Outdent, Table, Table of Contents.

Styles, Font, Size, A, A, ?

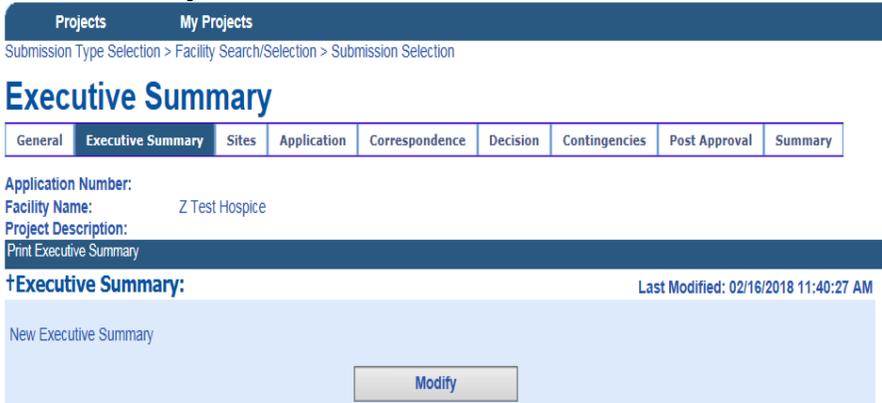
Save

* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.

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Figure 15: Sample Executive Summary Screen

Modify Executive Summary

Learning Objective	Step	Action
<p>How to modify the Executive Summary after Submission</p>	1	<p>Select the Executive Summary tab.</p>
	2	<p>Select the Modify button below the text box.</p>  <p>The screenshot shows a web interface with a navigation bar at the top containing 'Projects' and 'My Projects'. Below the navigation bar is a breadcrumb trail: 'Submission Type Selection > Facility Search/Selection > Submission Selection'. The main heading is 'Executive Summary'. There are several tabs: 'General', 'Executive Summary' (which is selected), 'Sites', 'Application', 'Correspondence', 'Decision', 'Contingencies', 'Post Approval', and 'Summary'. Below the tabs, there are fields for 'Application Number:', 'Facility Name: Z Test Hospice', and 'Project Description:'. A 'Print Executive Summary' link is visible. The 'Executive Summary' section is expanded, showing a 'New Executive Summary' text area and a 'Modify' button. A note at the bottom states: '* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.'</p> <p style="text-align: center;"><i>Figure 18: Modify Button on Sample Executive Summary Screen</i></p>
	3	<p>Edit the summary in the Executive Summary Editing Textbox (Figure 19).</p>
	4	<p>Select the Save button (Figure 19).</p>

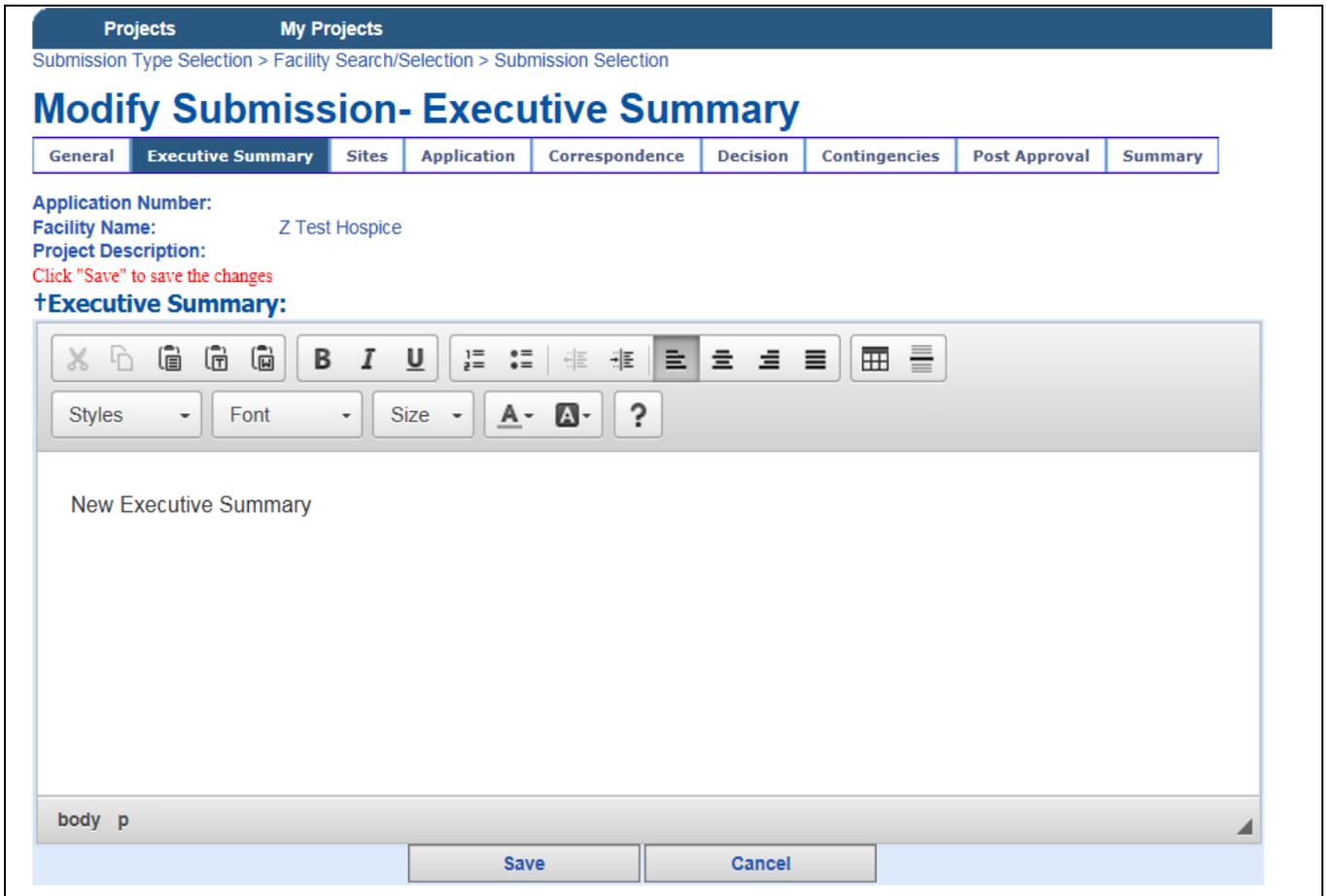


Figure 19: Sample Executive Summary Modification Screen

Sites

Please refer to the training document **“HCS Applicant Training Sites v1.0”**

Application

Learning Objective	Step	Action
How to Add Documents to the Project	1	Select the Application tab (Figure 20). Result: Application page will appear it will display a message listing any required documents.
	2	Select the Add New Application Document button.

Select the Application tab to attach the application documents to the project. The system will display a list of the required schedules and/or documents that are required to submit the project to DOH.

Projects My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection

The following schedules are required: Schedule 2,3,4,5,22

Application

General Executive Summary Sites **Application** Correspondence Decision Contingencies Post Approval Summary

Application Number:
Facility Name: Z Test Hospice
Project Description:

Print Application View

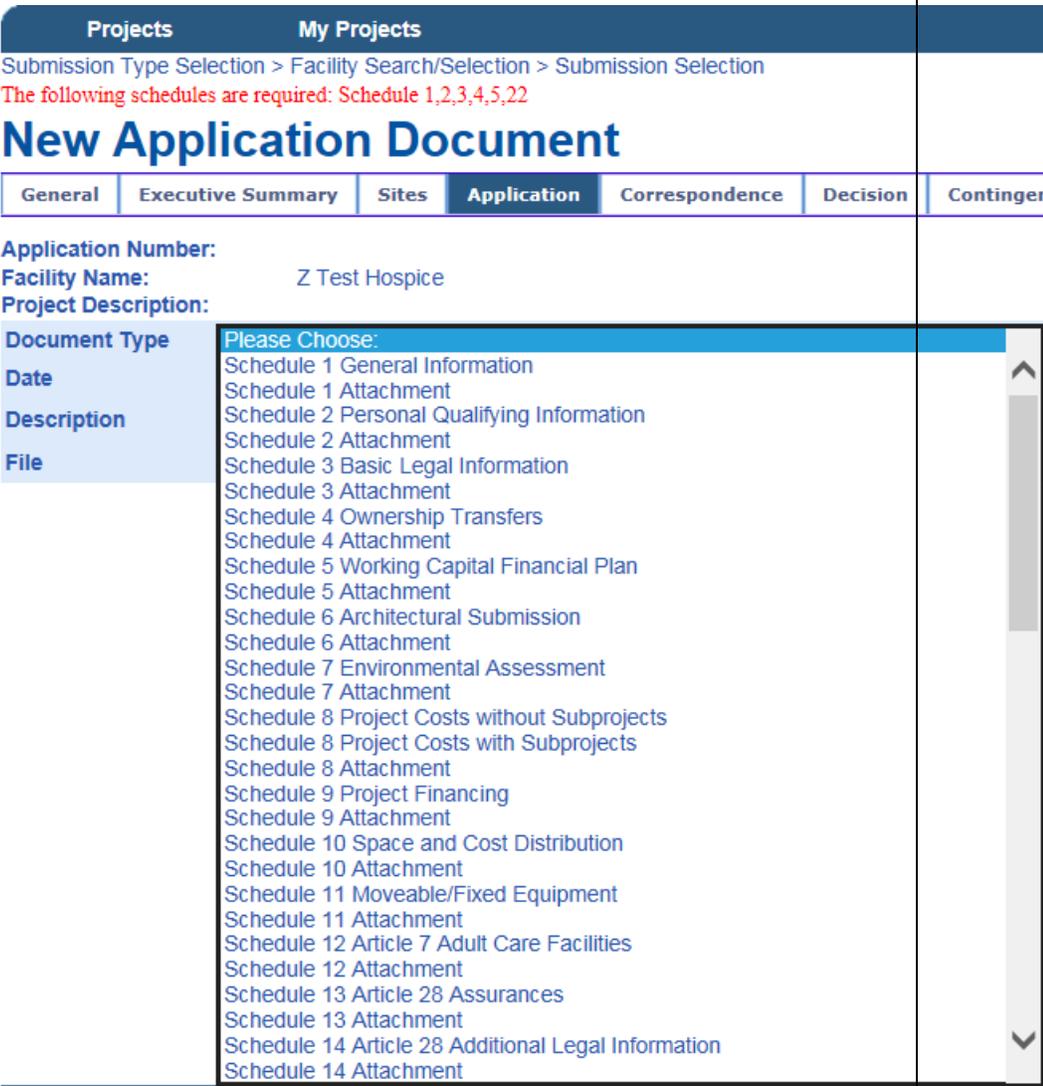
Submitted By:
Submitted Date:

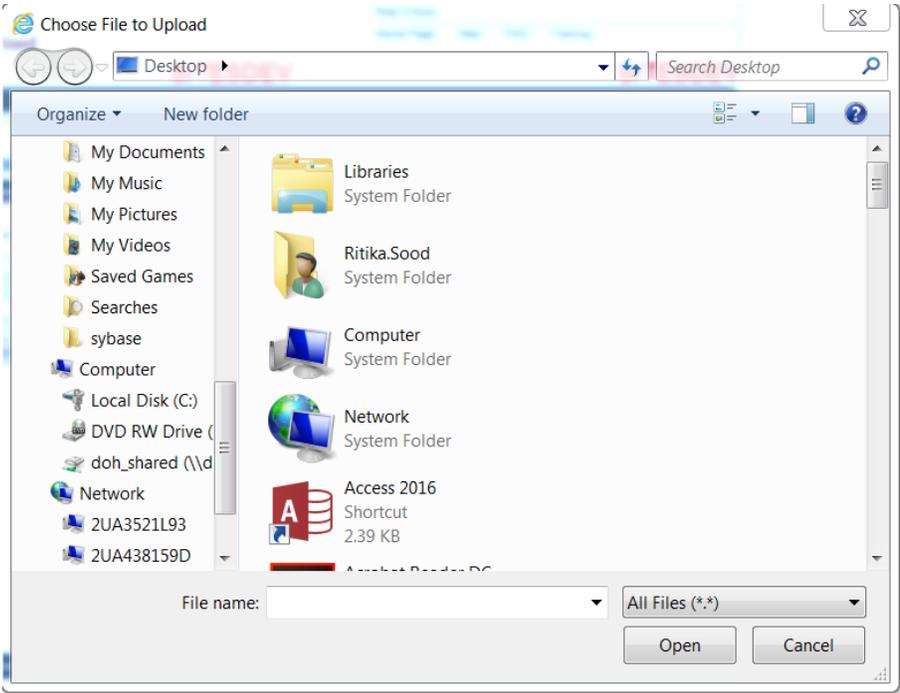
Document Type	Filename	Description	Document	Date	
Schedule 1 General Information	Test Schedule.docx	Schedule 1	**	05/09/2018	Update Delete

Add Document to Submission Expand All

** DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

Figure 20: Sample Application Screen

Learning Objective	Step	Action
<p>How to Upload New Application Document to the Project</p>	<p>1</p>	<p>Select the Document Type Dropdown.</p>  <p>The screenshot shows the 'New Application Document' page with the 'Application' tab selected. The 'Document Type' dropdown menu is open, displaying a list of schedules and attachments. The list includes:</p> <ul style="list-style-type: none"> Schedule 1 General Information Schedule 1 Attachment Schedule 2 Personal Qualifying Information Schedule 2 Attachment Schedule 3 Basic Legal Information Schedule 3 Attachment Schedule 4 Ownership Transfers Schedule 4 Attachment Schedule 5 Working Capital Financial Plan Schedule 5 Attachment Schedule 6 Architectural Submission Schedule 6 Attachment Schedule 7 Environmental Assessment Schedule 7 Attachment Schedule 8 Project Costs without Subprojects Schedule 8 Project Costs with Subprojects Schedule 8 Attachment Schedule 9 Project Financing Schedule 9 Attachment Schedule 10 Space and Cost Distribution Schedule 10 Attachment Schedule 11 Moveable/Fixed Equipment Schedule 11 Attachment Schedule 12 Article 7 Adult Care Facilities Schedule 12 Attachment Schedule 13 Article 28 Assurances Schedule 13 Attachment Schedule 14 Article 28 Additional Legal Information Schedule 14 Attachment <p>© 2010 NYS Department of Health - Electronic Certificate of Need System</p> <p><i>Figure 21: Sample Document Type Dropdown</i></p> <p>Each schedule is listed along with other required documents.</p>

Learning Objective	Step	Action
	2	<p>Enter a unique description for every document being attached (Figure 23).</p> <p>Note: Each instance of the Multi-Instance document should have a unique description to differentiate between different instances of the same document type.</p> <p>Example 1: A project requiring a new construction can have multiple instances (Plan-A, Plan-B and Plan-C) of the same Document Type (Architectural Plan).</p> <p>Example 2: Board members A, B and C are required to send in their identification details for a project submission. They could send multiple instances (ID-A, ID-B and ID-C) of the same document type (ID) for a single submission.</p>
	3	<p>Select the Browse button.</p> <p>Note depending on one’s browser one will see different windows. Select the file that matches the Document Type selected.</p>  <p style="text-align: center;"><i>Figure 22: Sample Browse for Document Screen</i></p>
	4	<p>Select the document and then the Open button.</p>
	5	<p>Select the Add Document to Submission button (Figure 23).</p>

Projects My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection

The following schedules are required: Schedule 1,2,3,4,5,6,7,8,9,10,11,13,14,15,18,18d

New Application Document

General Executive Summary Sites **Application** Correspondence Decision Contingencies Post Approval Access Summary

Application Number:
Facility Name: Albany County Nursing Home
Project Description:
Document Type: Please Choose:
Date: 05/11/2018
Description:
File:

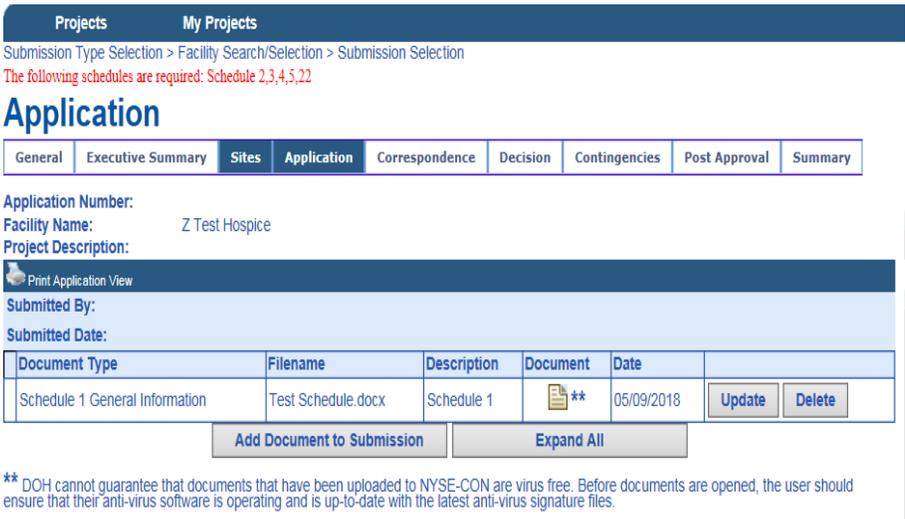
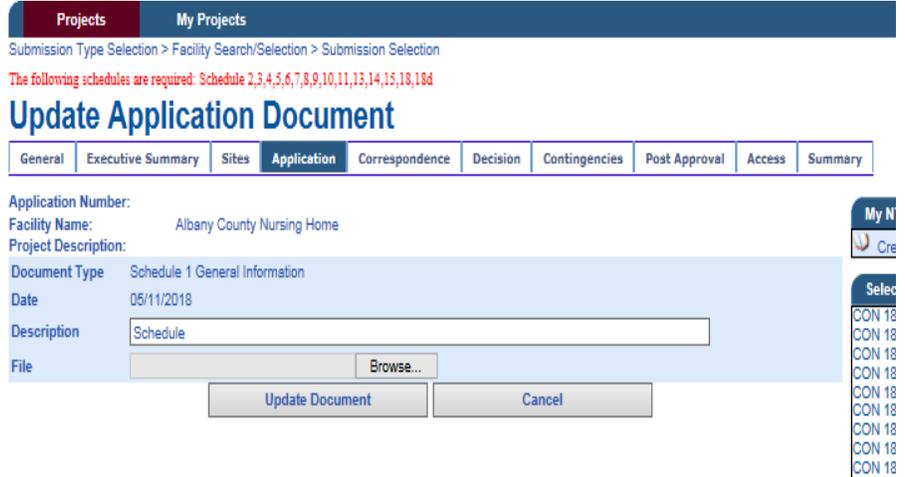
My NYSE-CON Tool Bar

Selected Projects
CON 181011 - Albany County Nursing Hom
CON 181014 - Albany County Nursing Hom
CON 181018 - Albany County Nursing Hom
CON 181018 - Albany County Nursing Hom
CON 181032 - Albany County Nursing Hom
CON 181034 - Albany County Nursing Hom
CON 181035 - Albany County Nursing Hom
CON 181048 - Albany County Nursing Hom
CON 181049 - Albany County Nursing Hom
CON 181058 - Albany County Nursing Hom
CON 181060 - Albany County Nursing Hom
CON 181061 - Albany County Nursing Hom

Related Projects
CON 001195 - Albany County Nursing Hom
CON 032389 - Albany County Nursing Hom
CON 061057 - Albany County Nursing Hom
CON 072185 - Albany County Nursing Hom
CON 102376 - Albany County Nursing Hom
CON 102473 - Albany County Nursing Hom
CON 161264 - Albany County Nursing Hom
CON 171289 - Albany County Nursing Hom
CON 181011 - Albany County Nursing Hom
CON 181014 - Albany County Nursing Hom
CON 181016 - Albany County Nursing Hom
CON 181018 - Albany County Nursing Hom

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Figure 23: Sample New Application Document Screen

Learning Objective	Step	Action
<p>How to Update an Application Document before Submission to DOH</p>	1	<p>Select the Application tab (Figure 20).</p> <p>Result: The Application page contains all Application documents and any items added through the correspondence tab.</p>
	2	<p>Select the Update button next to the document one wants to update.</p>  <p><i>Figure 24: Sample Application Document Information Screen</i></p>
	3	<p>On the Update Application Document page, enter a description.</p>  <p><i>Figure 25: Sample Application Document Update Screen</i></p>
4	<p>Select the Browse button.</p>	
5	<p>Select the document and then the Open button (Figure 22).</p>	
6	<p>Select the Update Document button (Figure 25).</p>	

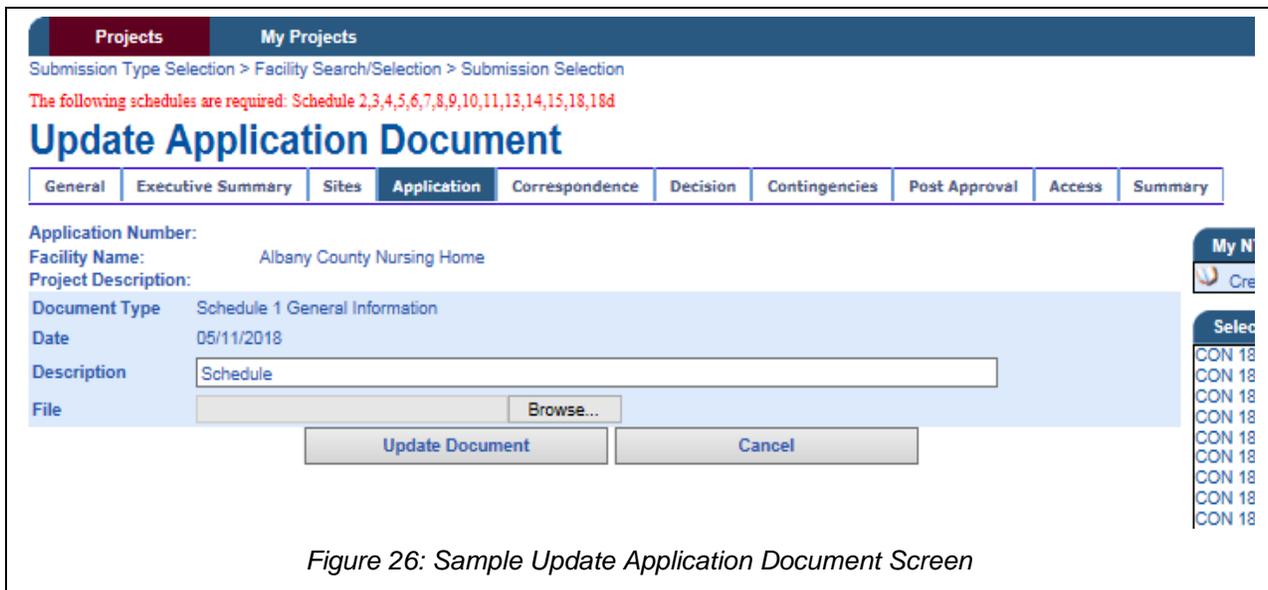
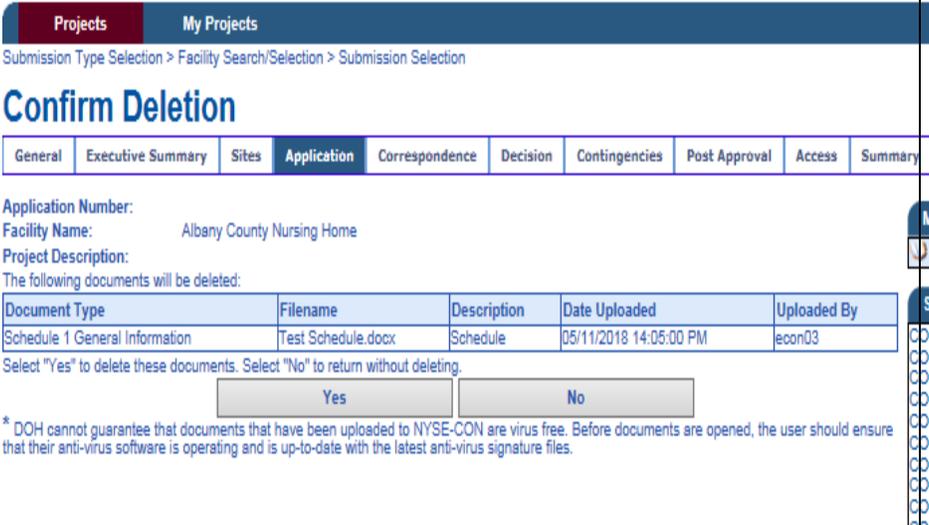


Figure 26: Sample Update Application Document Screen

Learning Objective	Step	Action
<p>How to Delete an Attached Document before Submission to DOH</p>	1	<p>Select the Application tab (Figure 20).</p>
	2	<p>Select the Delete button next to the document one wants to delete (Figure 24).</p>
	3	<p>The Confirm Deletion page displays</p>  <p>Figure 27: Sample Confirm Application Document Deletion Screen</p>
3	<p>Select the Yes button.</p>	

Modify Submission

Learning Objective	Step	Action
How to Modify an Application before Submission to DOH	1	Select the General Information tab (Figure 28).
	2	On the General Information Screen select the Modify button.
	3	Edit the required fields in the Identifying Information Screen (Figure 29).
	4	Select the Save button.

Projects
My Projects

My Projects Search > My Projects Search Results

General Information

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
Post Approval
Summary

Application Number:
Facility Name: Albany County Nursing Home
Project Description:

Submission Type: Application - Full Review - Construction (Non-Establishment)	Project Status Date:
Project Status:	Received Date:
Review Level:	Initial Review Date:
Total Project Cost: \$2,000,000,000,000,000.80	Acknowledgment Date:

Main Site Information

Facility Name: Albany County Nursing Home	Facility ID: 30
Physical Address: Albany-Shaker Road Albany, NY 12211	Facility Type: Residential Health Care Facility
County: ALBANY	Region:
Current Operator: County of Albany 112 State Street Albany, NY 12207	Operating Certificate Number: 0153302N
	Current Operator County:

Contact Information

Name: Ankit Sharma	Title: Mr
Email: ankit.sharma@its.ny.gov	Address: 489 Washington Avenue 1 guilderland, NY 25460
Phone: (425) 879-6305	
Fax:	

Alternate Contact Information

Name: ankit sharma	Email: ankit.sharma@its.ny.gov
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Figure 28: Sample General Information Screen

The **Modify** button is available until the application is submitted. Once submitted there can be no further changes made.

Modify Submission

*Submission Type: Application - Full Review - Construction (Non-Establishment)

Main Site Information

*Facility Type: Residential Health Care Facility
 *Facility Name: Albany County Nursing Home
 Facility ID: 30
 *Street 1: Albany-Shaker Road
 Street 2:
 *City: Albany
 State: NY
 *Zip Code: 12211
 *County: ALBANY

Current Operator

*Name: County of Albany
 *Street 1: 112 State Street
 Street 2:
 *City: Albany
 State: NY
 *Zip Code: 12207
 County:

Contact Information

<p>*Title: <input type="text" value="Mr"/></p> <p>*First Name: <input type="text" value="Ankit"/></p> <p>*Last Name: <input type="text" value="Sharma"/></p> <p>*Email: <input type="text" value="ankit.sharma@jts.ny.gov"/></p> <p>*Phone: <input type="text" value="(425) 879-8305"/></p> <p>Fax: <input type="text"/></p> <p>*Street 1: <input type="text" value="489 Washington Avenue 1"/></p> <p>Street 2: <input type="text"/></p> <p>*City: <input type="text" value="guilderland"/></p> <p>*State: <input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="New York"/></p> <p>*Zip Code: <input type="text" value="25460"/></p>	<p>Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.</p>
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Alternate Contact Information

<p>*First Name: <input type="text" value="ankit"/></p> <p>*Last Name: <input type="text" value="sharma"/></p> <p>*Email: <input type="text" value="ankit.sharma@jts.ny.gov"/></p>	<p>Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.</p>
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*Total Project Cost:

* Fields marked with an asterisk (*) are required for saving information from this screen.

Figure 29: Sample Modify Submission Screen

Submit Application or Notice

The **Submit** button is available on the General Information page. It can be selected once all required fields have been entered. If all required documents have been added to the application the confirmation page will be displayed.

Learning Objective	Step	Action
How to Submit an Application to DOH	1	Select the General Information tab (Figure 28).
	2	Select the Submit button (Figure 28). Note: Only when all required documents have been attached to the application will one be allowed to submit the application. Result: The Confirmation screen appears
	3	Select the Confirm button.

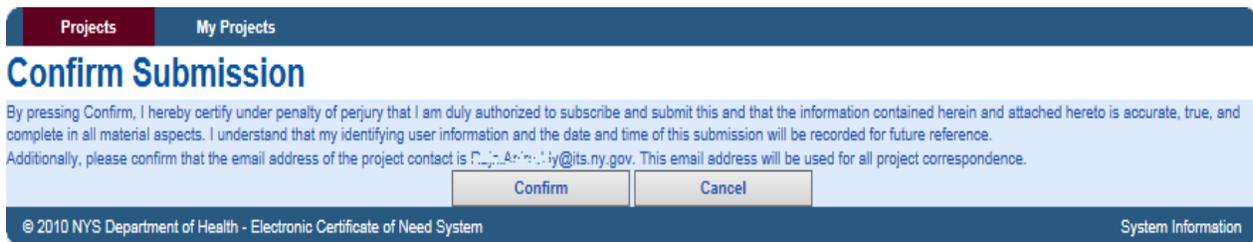


Figure 30 Sample Application Submission Confirmation Screen