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**New York State**  
**Electronic Certificate of Need**  
**Public Authenticated Site**  
**Submit Transfer of Ownership Interest Notices**  
**Applicant Training**  
**Version 1.0**

**NYS Department of Health**

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## Revision History

Date	Version	Description	Author
10/27/2015	1.0	Initial Draft	Sanus Sharma Dulal

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## Create Transfer of ownership Interest Submission

### Overview

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#### Contents

In this chapter, you will learn how to:

1. Create Transfer of Ownership Interest submission for Facility or Agency
2. Search for an Agency or a Facility
3. Add Executive Summary
4. Add Documents to Submission
5. Submit the Transfer of Ownership Interest Notice

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#### Security Roles

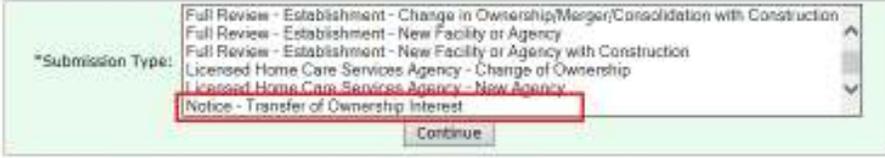
You will need to create a NYSDOH public account or use your HCS account. If you need to create a new account select the "Register for an Account" link on the log in page.

The applicant role has the ability to:

- Create new applications
  - Modify applications before submission
  - View all application documents
  - Upload and view application documents
  - Submit applications
  - View and reply to correspondences
  - Search for Facility/Agency
-

## Submitting Transfer of Ownership Interest Notice

**Learning Objective:** This section explains how to create and submit the Transfer of Ownership Interest notice for a Facility or an Agency.

Learning Objective	Step	Action
<p><b>How to Create and submit Transfer of Ownership Interest notice</b></p>	<p>1</p>	<p>On the NYSE-CON home page, under NYSE-CON toolbar, select the link <b>Create New Submission</b>.</p>  <p><i>Figure 1: Sample NYSE-CON home page</i></p>
	<p>2</p>	<p>Create New Submission page with Submission Types list box is displayed. On this page, select <b>Notice – Transfer of Ownership Interest</b> option from the Select Type selection box.</p>  <p><i>Figure 2: Sample Submission Types selection page</i></p>
	<p>3</p>	<p>Click the <b>Continue</b> button.</p>

	<p><b>4</b> Facility/Agency Search page is displayed.</p>  <p style="text-align: center;"><i>Figure 3: Sample Facility/Agency Search page</i></p>
	<p><b>5</b> Enter either the exact Facility ID, or the exact Operating Certificate/License Number, or the combination of Facility Type and Facility/Agency Name.</p> <p>Note: Facility ID must be exact Facility/Agency name must be a minimum of 2 characters Operating Certificate/ License Number must be exact</p>
	<p><b>6</b> Click the <b>Search</b> button.</p>
	<p><b>7</b> Facility/Agency Search Result page is displayed.</p>  <p style="text-align: center;"><i>Figure 4: Sample Facility/Agency Search Results page</i></p>
	<p><b>8</b> Click on the <b>Facility Name</b> link of the desired facility/agency for submission.</p> <p>Note: To refine the search criteria, click on the <b>Refine Search</b> button and repeat steps 5-7.</p>

- 9 Create New Submission page with input form is displayed with selected facility/agency information auto-populated.

### Create New Submission

\*Submission Type: Notice - Transfer of Ownership Interest Change

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**Main Site Information**

Facility Type: Hospice  
 Facility Name: 2 Test Hospice  
 Street 1: 11 Kennedy Parkway  
 Street 2:  
 City: Cortland  
 State: NY  
 Zip: 13045  
 County: CORTLAND Change

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**Current Operator**

Name: Cortland County Department of Health  
 Operating Certificate/License #: 1101900F  
 Street 1: 80 Central Avenue  
 Street 2:  
 City: Cortland  
 State: NY  
 Zip: 13045  
 County:

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**Contact Information**

Title:   
 \*First Name:   
 \*Last Name:   
 \*DOH or HCS User ID:   
 DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)  
 \*Street 1:   
 Street 2:   
 \*City:   
 \*State:   
 \*Zip:   
 \*Phone Number:   
 Fax Number:   
 \*Email Address:

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**Alternate Contact**

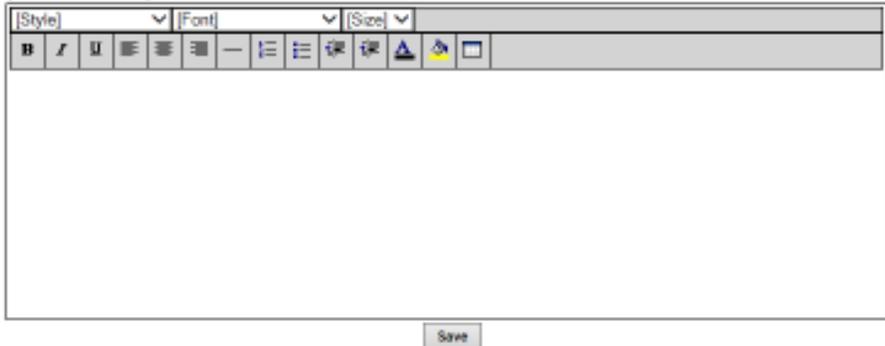
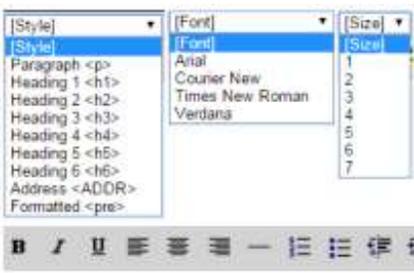
\*First Name:   
 \*Last Name:   
 \*Email Address:

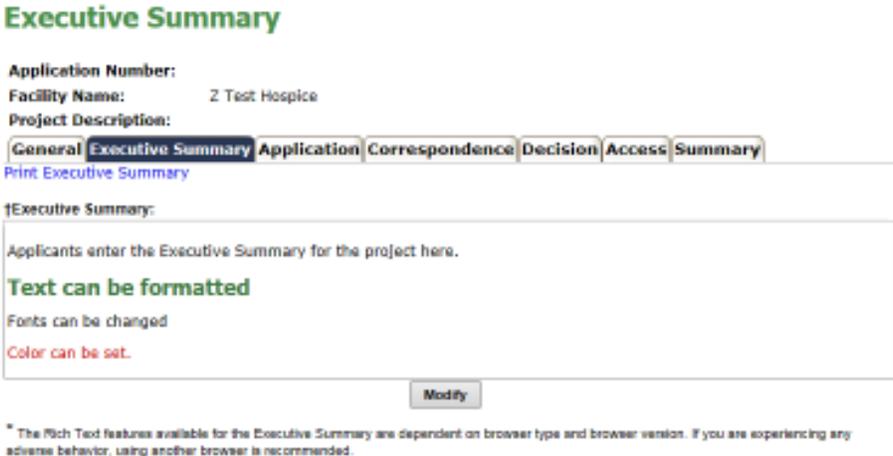
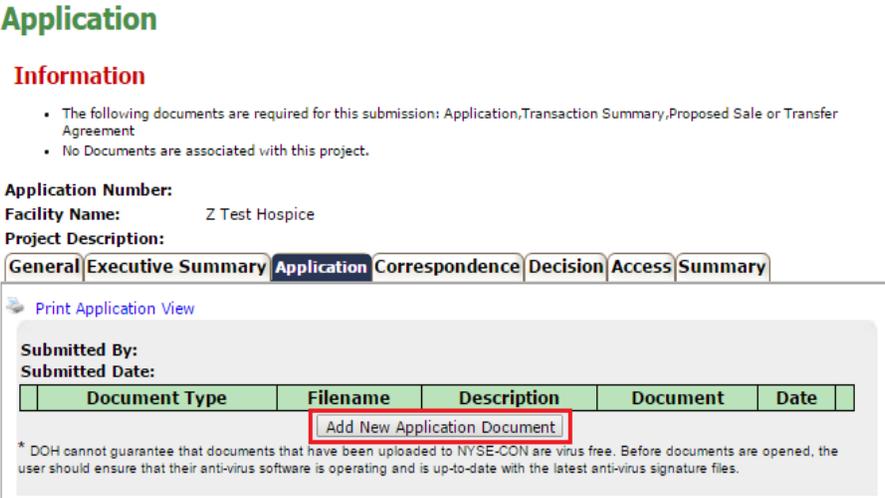
Save Cancel

Figure 5: Sample Create New Submission – Transfer of Ownership Interest

	<p><b>10</b> Enter the Contact Information details.</p> <div data-bbox="565 241 1463 695" style="border: 1px solid black; padding: 5px;"> <p><b>Contact Information</b></p> <p>†Title: <input type="text"/></p> <p>†First Name: <input type="text"/></p> <p>†Last Name: <input type="text"/></p> <p>†DOH or HCS User ID: <input type="text"/></p> <p>DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)</p> <p>†Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>†City: <input type="text"/></p> <p>†State: <input type="text" value="▼"/></p> <p>†Zip: <input type="text"/></p> <p>†Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>†Email Address: <input type="text"/></p> </div> <p><i>Figure 5.1: Sample Create New Submission – Contact Information Section</i></p>
	<p><b>11</b> Enter the details for an Alternate Contact.</p> <div data-bbox="565 808 1463 968" style="border: 1px solid black; padding: 5px;"> <p><b>Alternate Contact</b></p> <p>†First Name: <input type="text"/></p> <p>†Last Name: <input type="text"/></p> <p>†Email Address: <input type="text"/></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div> <p><i>Figure 5.2: Sample Create New Submission – Alternate Contact Section</i></p>
	<p><b>12</b> Click <b>Save</b> button.</p> <p>Note:</p> <p><i>Fields marked with an asterisk (*) are required for saving information from this screen.</i></p> <p><i>Fields marked with a dagger (†) are required to proceed with the submission process.</i></p>

	<p>13</p>	<p>General Information page is displayed.</p> <p><b>General Information</b></p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>• The application identifying information has been saved.</li> <li>• Fields marked with a dagger (†) are required to proceed with the submission process.</li> <li>• The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit".</li> </ul> <p><b>Application Number:</b>  <b>Facility Name:</b> Z Test Hospice  <b>Project Description:</b></p> <p><b>General</b> Executive Summary Application Correspondence Decision Access Summary</p> <p><b>Status:</b> Submission Type: Notice - Transfer of Ownership Interest  <b>Status Date:</b>  <b>County:</b> Application Received Date:  Initial Review Date:  Acknowledgement Date:</p> <p><b>Facility Information</b></p> <p><b>Facility Name:</b> Z Test Hospice <b>Facility Type:</b> Hospice  <b>Physical Address:</b> 11 Kennedy Parkway Cortland, NY 13045 <b>Region:</b>  <b>County:</b> CORTLAND <b>Operating Certificate/License #:</b> 1101500F  <b>Current Operator:</b> Cortland County Department of Health 60 Central Avenue Cortland, NY 13045 <b>Current Operator County:</b></p> <p><b>Contact Information</b></p> <p><b>Name:</b> Sanus Sharma <b>Title:</b> Mr  <b>DOH or HCS User ID:</b> <b>Address:</b> 1 Corning Tower Albany, NY 12203  <b>Email:</b> <b>Fax:</b>  <b>Phone:</b> (518) 123-1234</p> <p><b>Alternate Contact</b></p> <p><b>Name:</b> John Doe <b>Email:</b> John.Doe@email.com</p> <p>Modify Submit</p> <p><i>Figure 6: Sample General Information Page</i></p>
	<p>14</p>	<p>Select the <b>Executive Summary</b> tab from the General Information page.</p>

	<p><b>15</b> New Submission- Executive Summary page is displayed.</p> <p><b>New Submission-Executive Summary</b></p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>Fields marked with a dagger (†) are required to proceed with the submission process.</li> </ul> <p><b>Application Number:</b></p> <p><b>Facility Name:</b> Z Test Hospice</p> <p><b>Project Description:</b></p> <p>General <b>Executive Summary</b> Application Correspondence Decision Access Summary</p> <ul style="list-style-type: none"> <li>Click "Save" to save the changes</li> </ul> <p>†Executive Summary:</p>  <p><small>* 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.</small></p> <p><i>Figure 7: Sample New Submission-Executive Summary Page</i></p>
	<p><b>16</b> Enter the executive summary in the text area.</p> <p><i>Note: Please refer to the Rich Text Formatting Best Practices section for formatting your text.</i></p>
	<p><b>17</b> Text can be formatted using the buttons provided. The options allow to apply a font style, size, color etc. to the entered text.</p>  <p><i>Figure 7.1: Sample formatting buttons-Executive Summary Page</i></p>
	<p><b>18</b> Click the <b>Save</b> button.</p>

	<p><b>19</b></p>	<p>The Executive Summary page is displayed. If changes need to be made to the executive summary, Click <b>Modify</b> button and repeat steps 16-18.</p>  <p style="text-align: center;"><i>Figure 8: Sample Executive Summary Page</i></p>
	<p><b>20</b></p>	<p>Select the <b>Application</b> tab.</p>
	<p><b>21</b></p>	<p>The Application page is displayed.</p>  <p style="text-align: center;"><i>Figure 9: Sample Application Page</i></p>
	<p><b>22</b></p>	<p>On the Application page, click the <b>Add New Application Document</b> button.</p>

**23** New Application Document page is displayed.

**New Application Document**

**Information**

- The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement

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

General | **Executive Summary** | **Application** | Correspondence | Decision | Access | Summary

**Document Type:** Please Choose:

**Date:** 10/07/2015  
**Description:**

**File:**  No file chosen

*Figure 10: Sample New Application Document Page*

**24** Select document to be added from Document Type drop-down.

**New Application Document**

**Information**

- The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement

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

General | **Executive Summary** | **Application** | Correspondence | Decision | Access | Summary

**Document Type:** Please Choose:

**Date:** Application  
**Description:** Transaction Summary  
Proposed Sale or Transfer Agreement  
Additional Personal Qualifying Information  
Additional Health Facility Interests  
Membership/Partnership Changes Within the Last 5 Years  
Articles of Organization  
Operating Agreement  
Revised Stockholder Affidavit  
Revised Partnership Agreement  
Certificate of Assumed Name  
Other

**File:**  No file chosen

**Notice**  
Public access to NYSE-CON information captured a representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

*Figure 11: Sample New Application Document Page- Document Type Selection*

**25** Enter a short description of the document to be added in the Description field.

**New Application Document**

**Information**

- The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement

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

General | **Executive Summary** | **Application** | Correspondence | Decision | Access | Summary

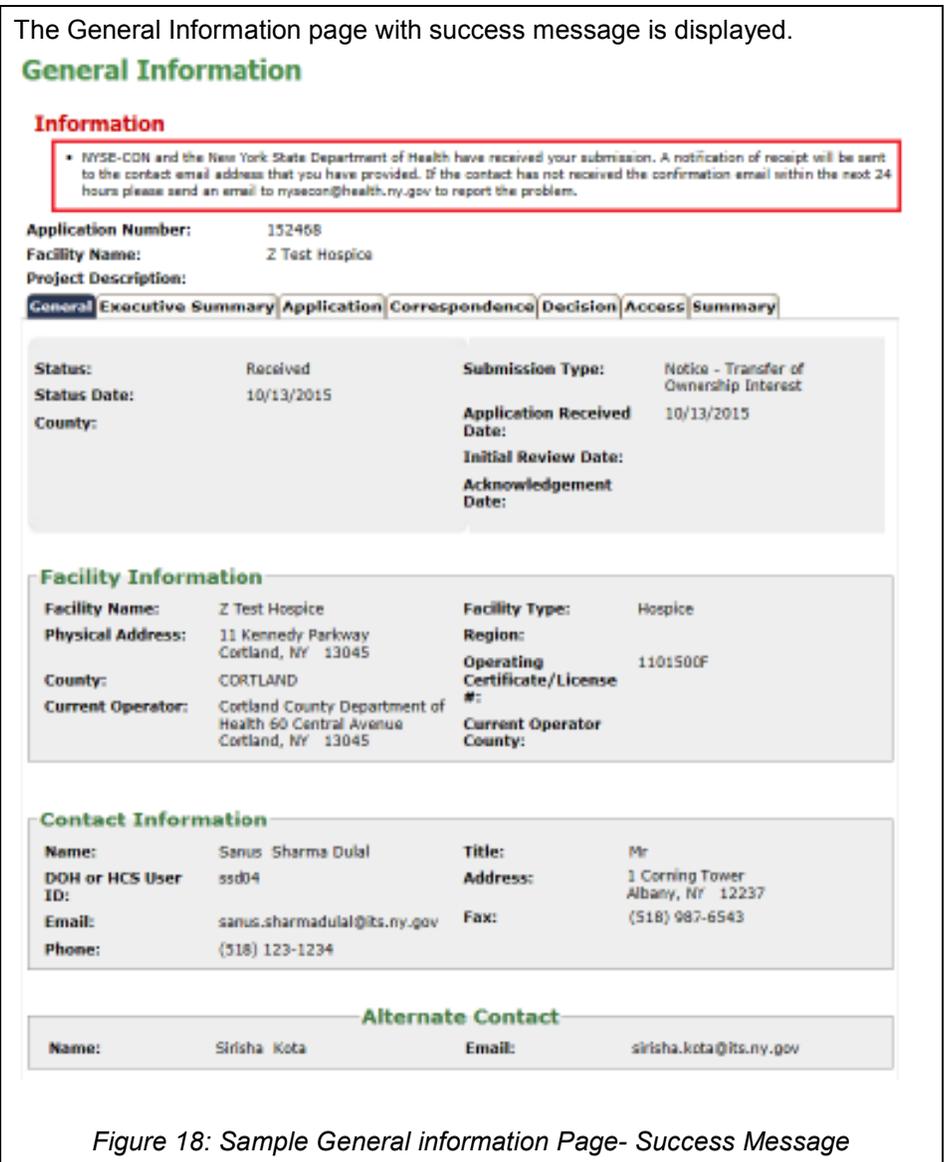
**Document Type:** Application  
**Date:** 10/07/2015  
**Description:**

**File:**  No file chosen

*Figure 12: Sample New Application Document Page- Description*

	26	Click <b>Choose File</b> button.
	27	<p>Depending on the browser, a file upload window will open. Locate and select the document to upload and then Click <b>Open</b>.</p>  <p style="text-align: center;"><i>Figure 13: Sample File Upload Window</i></p>
	28	<p>The New Application Document page is displayed showing the name of the selected file uploaded.</p> <p><b>New Application Document</b></p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>The following documents are required for this submission: Application,Transaction Summary,Proposed Sale or Transfer Agreement</li> </ul> <p><b>Application Number:</b>  <b>Facility Name:</b> Z Test Hospice  <b>Project Description:</b></p> <p>General   Executive Summary   <b>Application</b>   Correspondence   Decision   Access   Summary</p> <p><b>Document Type:</b> Application  <b>Date:</b> 10/07/2015  <b>Description:</b> Test Description</p> <p><b>File:</b> Choose File SampleDoc1.docx  <span style="border: 1px solid red; padding: 2px;">Add Document to Application</span> Cancel</p> <p style="text-align: center;"><i>Figure 14: Sample New Application Document Page- Application File Selected</i></p>
	29	Click the <b>Add Document to Application</b> button.

	<p><b>30</b> The Application page is displayed. The list shows the document uploaded to the submission. The information message will update to show the remaining documents that are required for submission to the department.</p> <p><b>Application</b></p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>The following documents are required for this submission: Transaction Summary, Proposed Sale or Transfer Agreement</li> </ul> <p><b>Application Number:</b> <b>Facility Name:</b> Z Test Hospice <b>Project Description:</b></p> <p><b>General</b>   <b>Executive Summary</b>   <b>Application</b>   <b>Correspondence</b>   <b>Decision</b>   <b>Access</b>   <b>Summary</b></p> <p>Print Application View</p> <p><b>Submitted By:</b> <b>Submitted Date:</b></p> <table border="1"> <thead> <tr> <th>Document Type</th> <th>Filename</th> <th>Description</th> <th>Document</th> <th>Date</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application</td> <td>SampleDoc1.docx</td> <td>Test Description</td> <td> *</td> <td>10/27/2015</td> <td><b>Update</b> <b>Delete</b></td> </tr> </tbody> </table> <p><a href="#">Add New Application Document</a></p> <p><small>* 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.</small></p> <p><i>Figure 15: Sample Application Page- Document Added</i></p>	Document Type	Filename	Description	Document	Date		Application	SampleDoc1.docx	Test Description	*	10/27/2015	<b>Update</b> <b>Delete</b>
Document Type	Filename	Description	Document	Date									
Application	SampleDoc1.docx	Test Description	*	10/27/2015	<b>Update</b> <b>Delete</b>								
	<p><b>31</b> <b>Repeat</b> steps 21-30 as necessary to attach all required documents and any other additional documentation.</p>												
	<p><b>32</b> Select the <b>General</b> tab.</p>												
	<p><b>33</b> On the General Information page, click <b>Submit</b> button.</p> <p><b>Contact Information</b></p> <p><b>Name:</b> Sanus Sharma Dulal      <b>Title:</b> Mr. <b>DOH or HCS User ID:</b> sss04      <b>Address:</b> 1 Corning Tower <b>Email:</b> sanus.sharmadulal@its.ny.gov      <b>Albany, NY 12206</b> <b>Phone:</b> 5181231234      <b>Fax:</b> 5189999999</p> <p><b>Alternate Contact</b></p> <p><b>Name:</b> Sanus Dulal      <b>Email:</b> sanus.sharma@outlook.com</p> <p><a href="#">Modify</a> <a href="#">Submit</a></p> <p><i>Figure 16: Sample General Information Page- Submit</i></p>												
	<p><b>34</b> The Confirm Submission page is displayed.</p> <p><b>Confirm Submission</b></p> <p>By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence.</p> <p><a href="#">Confirm</a> <a href="#">Cancel</a></p> <p><i>Figure 17: Sample Confirm Submission Page</i></p>												
	<p><b>35</b> Click the <b>Confirm</b> button.</p>												

	<p><b>36</b></p>	<p>The General Information page with success message is displayed.</p>  <p><b>General Information</b></p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>NYSE-CON and the New York State Department of Health have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours please send an email to nysecon@health.ny.gov to report the problem.</li> </ul> <p>Application Number: 152468 Facility Name: Z Test Hospice Project Description:</p> <p>General Executive Summary Application Correspondence Decision Access Summary</p> <p>Status: Received Submission Type: Notice - Transfer of Ownership Interest Status Date: 10/13/2015 Application Received Date: 10/13/2015 County: Initial Review Date: Acknowledgement Date:</p> <p><b>Facility Information</b></p> <p>Facility Name: Z Test Hospice Facility Type: Hospice Physical Address: 11 Kennedy Parkway Cortland, NY 13045 Region: County: CORTLAND Operating Certificate/License #: 1101500F Current Operator: Cortland County Department of Health 60 Central Avenue Cortland, NY 13045 Current Operator County:</p> <p><b>Contact Information</b></p> <p>Name: Sanus Sharma Dulal Title: Mr DOH or HCS User ID: ssd04 Address: 1 Corning Tower Albany, NY 12237 Email: sanus.sharmadulal@its.ny.gov Fax: (518) 987-6543 Phone: (518) 123-1234</p> <p><b>Alternate Contact</b></p> <p>Name: Sirisha Kota Email: sirisha.kota@its.ny.gov</p> <p><i>Figure 18: Sample General information Page- Success Message</i></p>
	<p><b>37</b></p>	<p>The Transfer of Ownership Interest Notice has been successfully submitted.</p>

## ***Rich Text Formatting Best Practices***

### **Do's:**

1. It is always recommended to enter the text manually in the text box.
2. Highlight, Bold, Italicize and Underline the text.
3. Change the Color, Style and Size of the font.
4. Use the Alignment icons to increase or decrease the indent of the paragraph.
5. Use the Background fill color icon to change the color behind the selected text, paragraph or table cell.
6. Create a bulleted list and numbered list using the icons.
7. Insert a horizontal line using the Horizontal rule icon to separate the paragraphs.
8. Insert table using the icon. Select the number of rows and columns to be added while inserting the table.
9. The Rich Text features are dependent on browser type and browser version. If the user experiences any adverse behavior, it is recommended to use another browser.

### **Don'ts:**

1. Do not enter languages other than English.
2. Copying the text from other sources is not recommended.
3. Do not copy and paste Quotations (Single/Double) from any source.
4. Do not copy bulleted list from MS Word or any other source.
5. Adding a row after inserting the table is not recommended.

*Note: Please refer to rich text included in Figures 7 and 7.1.*

## Detailed Screen Descriptions

### Homepage

**Homepage** New York State Electronic Certificate of Need System home page after login from the Public Authenticated Site.

**My Projects**

Results are listed by CON Project Number and Facility Name, in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit. To view the facility address, click on the Show Address link. To view project details, click on the CON project number or the facility name.

Sort By:   [Show Project Address](#)

CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County
111074	Arnot Ogden Medical Center	Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Project Complete	CHEMUNG
111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS

*Figure: Sample NYSE-CON Homepage*

### Field Descriptions

Field Name	Description
Sort By	Drop down that allows sorting of the projects in NYSE-CON
CON Project Number	Displays the project number assigned to the project
Facility Name	Displays the name of the facility.
Project Description	Displays the description provided for the project
Review Level	Displays the level of review selected for the project
Submission Type	Displays the type of submission applicable to the project
Status	Displays the current status the project is in
County	Displays the NYS county related to the project

Hyperlinks	Description
Create New Submission	Allows the applicant to create a new submission
Logout	Allows the user to sign out of the NYSE-CON page
Show Project Address	Allows the user to displays the project address under the facility name for each project.
Buttons	Description
Submit	Allows the user to sort the displayed results by the selected option.

### Create New Submission- Select Submission Type

**Select Submission Type** This page allows to select the intended type of submission to be made.

#### Create New Submission

\*Submission Type:

- Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction
- Full Review - Establishment - New Facility or Agency
- Full Review - Establishment - New Facility or Agency with Construction
- Licensed Home Care Services Agency - Change of Ownership
- Licensed Home Care Services Agency - New Agency
- Notice - Transfer of Ownership Interest

Continue

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

*Figure: Sample Create New Submission Types*

Field Descriptions	
Field Name	Description
Submission Types/Select Type	Single select box for submission types in NYSE-CON
Buttons	Description
Continue	When selected the Submission Type is saved and user is forwarded to the next screen.

## Create New Submission- Facility/Agency Search

**Search Facility or Agency** This page allows to search for a facility or an agency.

### Facility/Agency Search

Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name. Partial Facility or Agency Name may be entered.

Facility Type:

Facility/Agency Name:

Facility ID:

Operating Certificate/License #:

*Figure: Sample Facility/Agency Search Page*

### Field Descriptions

Field Name	Description
Facility Type	Dropdown listing all available facility types.
Facility/Agency Name	Textbox for partial or full entry of an agency or a facility name. (minimum 2 characters)
Facility ID	Textbox to enter the exact ID of the facility to be searched.
Operating Certificate/License #	Textbox to enter a facility's exact operating certificate number or an agency's exact license number.
Buttons	Description
Search	When selected the system searches for the facility/agency.
Clear	When selected any entered information in the search fields are cleared.
Cancel	When selected returns the user back one level to the application type selection page.

## Create New Submission- Facility/Agency Search Results

**View Facility/ Agency Search Results** This page allows to view the results of searched facility or agency.

Refine Search 

To go back, please use the "Refine Search" button instead of your browser's back button.

### Facility/Agency Search Results

Click on the Facility Name to select the facility for this project. Results are listed by Facility Name in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit.

#### 5 Results from Search Criteria:

Facility Type: Hospice; Facility Name: hospice

Sort By

Facility Name	Operating Certificate/ License Number	Operator	Facility Type	Facility ID
<a href="#">VNS of New York Hospice Care</a>	7002505F	Visiting Nurse Service of New York Hospice Care	Hospice	3861
<a href="#">Visiting Nurse Hospice and Palliative Care</a>	2701502F	Visiting Nurse Service of Rochester and Monroe County Inc	Hospice	3505
<a href="#">Visiting Nurse Service and Hospice of Suffolk, Inc</a>	5157500F	Visiting Nurse Service and Hospice of Suffolk, Inc.	Hospice	4095
<a href="#">Washington County Hospice &amp; Palliative Care Program</a>	5721502F	Washington County Public Health Nursing Service	Hospice	4774
<a href="#">Z Test Hospice</a>	1101500F	Cortland County Department of Health	Hospice	8888

Figure: Sample Facility/Agency Search Results

### Field Descriptions

Field Name	Description
Search Criteria	Displays the user entered criteria from previous page (Figure 3).
Sort By	Drop-down selection box. Search results can be resorted by changing the value.
Facility Name	Name of each respective facility or agency.
Operating Certificate/License Number	Operating certificate or the license number of the respective facility/agency.
Operator	Operator of the respective facility/agency.
Facility Type	Type of the respective facility
Facility ID	Identification number of the respective facility/agency.
Buttons	Description
Refine Search	When selected provides a PDF output of the search display.
Submit	When selected the system sorts the search results by the value in the Sort By field.

## Create New Submission- Input Form

### Saving Submission

This page allows the applicant to enter the data to be saved.

### Create New Submission

\*Submission Type: Notice - Transfer of Ownership Interest

Change

#### Main Site Information

Facility Type: Hospice  
Facility Name: Z Test Hospice  
Street 1: 11 Kennedy Parkway  
Street 2:  
City: Cortland  
State: NY  
Zip: 13045  
County: CORTLAND

Change

#### Current Operator

Name: Cortland County Department of Health  
Operating Certificate/License #: 1101500F  
Street 1: 60 Central Avenue  
Street 2:  
City: Cortland  
State: NY  
Zip: 13045  
County:

#### Contact Information

†Title:   
†First Name:   
†Last Name:   
†DOH or HCS User ID:   
DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)  
†Street 1:   
Street 2:   
†City:   
†State:   
†Zip:   
†Phone Number:   
Fax Number:   
†Email Address:

#### Alternate Contact

†First Name:   
†Last Name:   
†Email Address:

Save Cancel

Figure: Sample Create New Submission- Input Form

<b>Field Descriptions</b>	
<b>Field Name</b>	<b>Description</b>
*Submission Type	Display of the submission type selected.
<b>Main Site information</b>	
Facility Type	Non-Editable. Displays the type of the selected Facility/Agency.
Facility Name	Non-Editable. Displays the name of the selected Facility/Agency.
Street 1	Non-Editable. Displays the street name of the selected Facility/Agency.
Street 2	Non-Editable. Displays the street name of the selected Facility/Agency.
City	Non-Editable. Displays the city name of the selected Facility/Agency.
State	Non-Editable. Displays the state of the selected Facility/Agency.
Zip	Non-Editable. Displays the ZIP of the selected Facility/Agency.
County	Non-Editable. Displays the NYS County of the selected Facility/Agency.
<b>Current Operator</b>	
Name	Non-Editable. Displays the name of the operator for the selected Facility/Agency.
Operating Certificate/License#	Non-Editable. Displays the Operating Certificate # of the selected facility or the License # of the selected Agency.
Street 1	Non-Editable. Displays the street name of the current operator.
Street 2	Non-Editable. Displays the street name of the current operator.
City	Non-Editable. Displays the city name of the current operator.
State	Non-Editable. Displays the state of the current operator.
Zip	Non-Editable. Displays the ZIP of the current operator.
County	Non-Editable. Displays the NYS County of the current operator.
<b>Contact Information</b>	
Title	Editable. Allows User to enter the title of the primary contact.
First Name	Editable. Allows User to enter the first name of the primary contact.
Last Name	Editable. Allows User to enter the last name of the primary contact.
DOH or HCS User ID	Editable. Allows User to enter the HCS or DOH public user ID of the primary contact.
Street 1	Editable. Allows User to enter the Street address of the primary contact.
Street 2	Editable. Allows User to enter the additional street address of the primary contact.
City	Editable. Allows User to enter the city of the primary contact.
State	Editable. Allows User to enter the state of the primary contact.
Zip	Editable. Allows User to enter the ZIP code of the primary contact.
Phone Number	Editable. Allows User to enter the phone number of the primary contact.
Fax Number	Editable. Allows User to enter the fax number of the primary contact.
Email Address	Editable. Allows User to enter the email address of the primary contact.
<b>Alternate Contact</b>	
First Name	Editable. Allows User to enter the first name of the additional/alternate contact.
Last Name	Editable. Allows User to enter the last name of the additional/alternate contact.
Email Address	Editable. Allows User to enter the email ID of the additional/alternate contact.
<b>Field Name</b>	<b>Description</b>
Change Submission Type	Allows the user to change the submission type. When selected the system cancels the Create New Submission form and displays the Select Submission Type page.
Save	When selected the system saves the data entered in the submission and displays the General Information page.
Cancel	When selected system closes the Create New Submission page and displays the NYSE-CON home page.

## General Information

**General Information Page** This page displays the Transfer of Ownership Interest Notice submission identifying information for the selected facility/agency.

### General Information

#### Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit".

**Application Number:**

**Facility Name:** Z Test Hospice

**Project Description:**

**General** Executive Summary Application Correspondence Decision Access Summary

<b>Status:</b>	<b>Submission Type:</b> Notice - Transfer of Ownership Interest
<b>Status Date:</b>	<b>Application Received Date:</b>
<b>County:</b>	<b>Initial Review Date:</b>
	<b>Acknowledgement Date:</b>

#### Facility Information

<b>Facility Name:</b> Z Test Hospice	<b>Facility Type:</b> Hospice
<b>Physical Address:</b> 11 Kennedy Parkway Cortland, NY 13045	<b>Region:</b>
<b>County:</b> CORTLAND	<b>Operating Certificate/License #:</b> 1101500F
<b>Current Operator:</b> Cortland County Department of Health 60 Central Avenue Cortland, NY 13045	<b>Current Operator County:</b>

#### Contact Information

<b>Name:</b> Sanus Sharma Dulal	<b>Title:</b> Mr
<b>DOH or HCS User ID:</b> ssd04	<b>Address:</b> 1 Corning Tower Albany, NY 12237
<b>Email:</b> sanus.sharmadulal@its.ny.gov	<b>Fax:</b> (518) 987-6543
<b>Phone:</b> (518) 123-1234	

#### Alternate Contact

<b>Name:</b> Sirisha Kota	<b>Email:</b> sirisha.kota@its.ny.gov
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Figure: Sample General Information page

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Status	Current status the application is in
Status Date	Project Status Date for the Application
County	NYS County of the address for the facility/agency

Submission Type	Submission Type of the displayed application
Application Received Date	Date the application was received
Initial Review Date	Date the displayed application was initially reviewed by PMU
Acknowledgment Date	Date the Acknowledgment letter was signed for the selected application
Facility Information	Section label
Facility Name	Name of the facility/agency the submission is created for.
Physical Address	Address of the selected facility/agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS county of the selected facility/agency
Current Operator	Name and full address of the current operator of the facility/agency
Facility Type	Type of the selected facility/agency
Operating Certificate/ License #	Operating Certificate number of the selected facility or the License # of the selected agency
Current Operator County	NYS county of the current operator.
Contact Information	Section Label
Name	Full Name of the person who will receive all official correspondence from DOH
DOH or HCS User ID	The applicant's User ID.
Email	Email where official notification by DOH can be sent
Phone	Phone number where the contact can be reached
Title	Personal title of the Contact person
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Additional email where official contact between application and DOH can be sent
<b>Buttons</b>	<b>Description</b>
Modify	When selected the Modify Submission Page displays which allows the user to make any changes to the general information entered before Submission.
Submit	When selected the system saves the data entered in the submission. If any required information is missing, a message for the User will be displayed. If the required information is entered the Confirm Submission page is displayed.

## Create Executive Summary

**Executive Summary** This page allows the user to provide the executive summary of the proposed project.

**New Submission-Executive Summary**

**Information**

- Fields marked with a dagger (†) are required to proceed with the submission process.

**Application Number:**

**Facility Name:** Z Test Hospice

**Project Description:**

General **Executive Summary** Application Correspondence Decision Access Summary

- Click "Save" to save the changes

†Executive Summary:

[Style] [Font] [Size]

B I U L B - E E A A □

Save

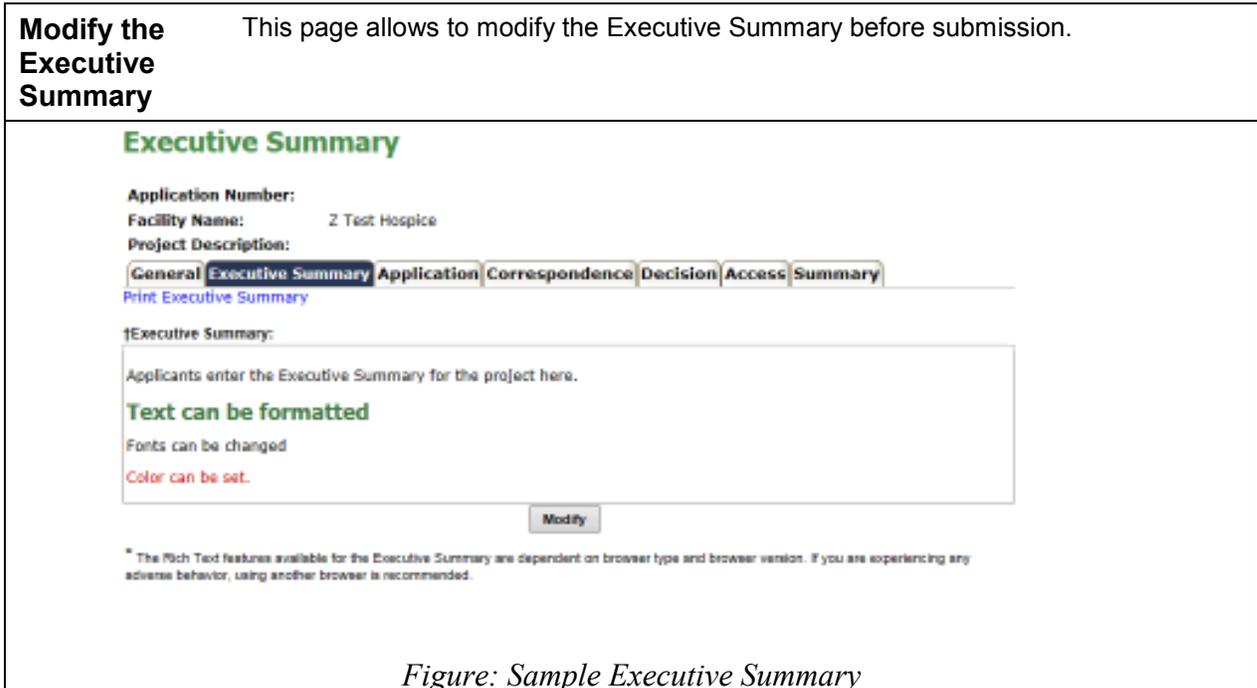
\* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.

Figure: Sample Create Executive Summary

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Style	Drop down list of all the available styles
Font	Drop down list of all the available fonts
Size	Drop down list of all the available font sizes
Executive Summary Text Box	Editable. Allows applicant to provide the overview details of the Proposal
Buttons	Description
Save	When selected saves entered information and displays the Executive Summary page

## Modify Executive Summary

**Modify the Executive Summary** This page allows to modify the Executive Summary before submission.



*Figure: Sample Executive Summary*

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Executive Summary Text Box	Text entered by the user.
Buttons	Description
Modify	When selected displays the Modify Executive Summary page to allow the user to edit/modify the text entered in the executive summary text box.

## Application

**Application Tab** This page allows the User to add documents to the submission. The page also allows users to view, delete, or update any documents added to the submission.

**Application Information**

- The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement
- No Documents are associated with this project.

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

General | Executive Summary | **Application** | Correspondence | Decision | Access | Summary

Print Application View

Submitted By:  
Submitted Date:

Document Type	Filename	Description	Document	Date
<a href="#">Add New Application Document</a>				

\* 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: Sample Application Page

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submitted By	Displays the name of the submitter
Submitted Date	Displays the date the documents were first added.
Document Type	Displays the document type selected by the user.
Filename	Displays the file name of the document uploaded.
Description	Displays the description entered by the user.
Document	Displays the Icon with a link to the actual document.
Date	The Date the file was uploaded.
Buttons	Description
Add Document to Submission	When selected the New Application Document page will display (Figure 10).
Hyperlinks	Description
Print Application View	Allows the user to print the table with the list of documents uploaded.

## New Application Document

**New Application Document** This page allows documents to be attached to the submission by selecting the Document Type from the drop-down list, entering a Description and using the Choose File button.

### New Application Document

#### Information

- The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement

**Application Number:**

**Facility Name:** Z Test Hospice

**Project Description:**

General Executive Summary **Application** Correspondence Decision Access Summary

**Document Type:** Please Choose:

**Date:** 10/07/2015

**Description:**

**File:**  No file chosen

*Figure: Sample New Application Document Page*

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Document Type	Drop down list of document types pertaining to the submission.
Date	Auto filled with the current system date.
Description	Information entered that describes the document being added to the submission
File	Displays the name of the file selected. (Default: No file chosen)
Buttons	Description
Choose File	When selected a browser window opens for the User to select a file to upload to the submission.
Add Document to Application	When selected the selected document is uploaded and the Application page is displayed.
Cancel	When selected the document and information added will not be saved. Application page is displayed.

## Confirm Submission

<b>Confirm Submission</b>	This page allows to confirm or cancel the submission.
<h3>Confirm Submission</h3> <p>By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference.</p> <p>Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="button" value="Confirm"/> <input type="button" value="Cancel"/> </div>	

*Figure: Sample Confirm Submission Page*

<b>Field Descriptions</b>	
<b>Buttons</b>	<b>Description</b>
Confirm	When selected the submission is submitted, the notification of receipt is generated and the General Information page with successful submission message is displayed.
Cancel	When selected the submission is not submitted and the General Information page is displayed. Modifications can still be made.

## General Information- Successful Submission Message

<b>General Information</b>	This page displays the general information along with the success message confirming that the Transfer of Ownership Interest Notice has been successfully submitted to the department. An application number is assigned to the submission.
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### General Information

**Information**

- NYSE-CON and the New York State Department of Health have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours please send an email to nysecon@health.ny.gov to report the problem.

**Application Number:** 152468  
**Facility Name:** Z Test Hospice  
**Project Description:**

**General** Executive Summary Application Correspondence Decision Access Summary

<b>Status:</b>	Received	<b>Submission Type:</b>	Notice - Transfer of Ownership Interest
<b>Status Date:</b>	10/13/2015	<b>Application Received Date:</b>	10/13/2015
<b>County:</b>		<b>Initial Review Date:</b>	
		<b>Acknowledgement Date:</b>	

### Facility Information

<b>Facility Name:</b>	Z Test Hospice	<b>Facility Type:</b>	Hospice
<b>Physical Address:</b>	11 Kennedy Parkway Cortland, NY 13045	<b>Region:</b>	
<b>County:</b>	CORTLAND	<b>Operating Certificate/License #:</b>	1101500F
<b>Current Operator:</b>	Cortland County Department of Health 60 Central Avenue Cortland, NY 13045	<b>Current Operator County:</b>	

### Contact Information

<b>Name:</b>	Sanus Sharma Dulal	<b>Title:</b>	Mr
<b>DOH or HCS User ID:</b>	ssd04	<b>Address:</b>	1 Corning Tower Albany, NY 12237
<b>Email:</b>	sanus.sharmadulal@its.ny.gov	<b>Fax:</b>	(518) 987-6543
<b>Phone:</b>	(518) 123-1234		

### Alternate Contact

<b>Name:</b>	Sirisha Kota	<b>Email:</b>	sirisha.kota@its.ny.gov
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Figure: Sample General Information- Success Message

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application is created/submitted for

Project Description	Project description of the displayed application entered and updated by PMU
Status	Current status the application is in
Status Date	Project Status Date for the Application
County	NYS County of the address for the facility/agency
Submission Type	Submission Type of the displayed application
Application Received Date	Date the application was received
Initial Review Date	Date the displayed application was initially reviewed by PMU
Acknowledgment Date	Date the Acknowledgment letter was signed for the selected application
Facility Information	Section label
Facility Name	Name of the facility/agency the submission is created for.
Physical Address	Address of the selected facility/agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS county of the selected facility/agency
Current Operator	Name and full address of the current operator of the facility/agency
Facility Type	Type of the selected facility/agency
Operating Certificate/ License #	Operating Certificate number of the selected facility or the License # of the selected agency
Current Operator County	NYS county of the current operator.
Contact Information	Section Label
Name	Full Name of the person who will receive all official correspondence from DOH
DOH or HCS User ID	The applicant's User ID.
Email	Email where official notification by DOH can be sent
Phone	Phone number where the contact can be reached
Title	Personal title of the Contact person
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Additional email where official contact between application and DOH can be sent