



**COMPLETED CONSTRUCTION CERTIFICATION LETTER
FOR
ARCHITECTS & 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 Architecture 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 aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits have been completed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure is designed and constructed, in accordance with the programmatic requirements for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The aforementioned construction project has been designed and constructed in compliance with all applicable **local, state and federal codes**, statutes, and regulations, and **all** 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)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health 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, 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.

This certification is being submitted to facilitate the pre-opening inspection for this project. 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.

Project Name: _____

Location: _____

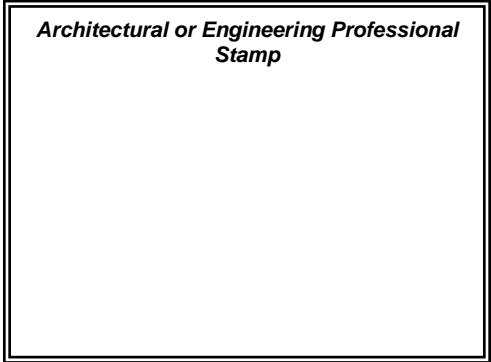
Description: _____

Signature of NYS Licensed Architect/Engineer

Name of Architect/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 required for the Applicant

STATE OF NEW YORK)
)
County of _____) SS:
)

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 is the _____ of the _____, the facility described

herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) _____