



**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS  
ARCHITECTS & ENGINEERS**

*(For projects not meeting the prerequisites for Self-Certification submission.)*

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 Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> 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 will be performed, 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 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 all applicable local codes, statutes, and regulations, and 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 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, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

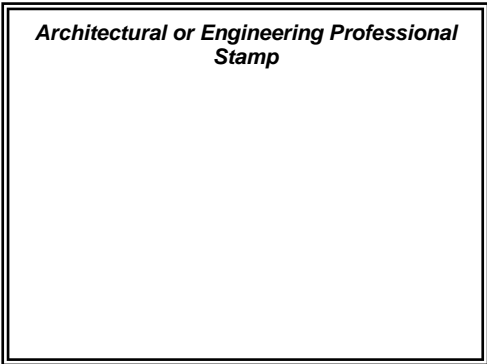
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. 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 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 )  
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) \_\_\_\_\_