



Supplemental CON Application Form
Acquisition of Equipment Utilizing New Technology
Conn. Gen. Stat. §19a-638(a)(13)

Applicant:

Project Name:

Affidavit

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

1. Project Description: Equipment Utilizing New Technology

- a. Provide vendor marketing materials and/or a vendor proposal/quotation received by the Applicant for the proposed equipment. The documentation should include, but should not be limited to, the manufacturer's name, make and model; unit strength of the proposed equipment; other notable equipment specifications; and equipment enhancements or add-ons.
- b. Discuss the process used by Applicant to select the proposed equipment. Specifically, identify the criteria used in the selection process and discuss why the proposed equipment was selected over the others evaluated.
- c. Identify out-of-state providers that currently utilize the proposed equipment. Relate the health benefits that have been derived by the providers' patients that have received diagnoses or have been treated using the proposed equipment.
- d. List each of the Applicant's services currently offered by location that will be affected by the proposed equipment.
- e. Provide letters of support that have been received from the following:
 1. Medical practitioners that will use the proposed equipment to diagnosis or treat their patients; and
 2. Medical practitioners that intend to refer their patients for service(s) that will be provided through the use of the proposed equipment.

2. Clear Public Need

- a. Discuss the efficacy of the proposed equipment in the diagnosis or treatment of a known medical condition. Provide documentation that supports the efficacy of utilizing the proposed equipment.

3. Quality Measures

- a. What specialized training will each type of medical/clinical practitioner have to complete prior to their involvement with the proposed equipment utilizing new technology?
- b. Describe the Applicant's efforts in attracting board certified medical practitioners and qualified clinical technicians with appropriate training in the use of the proposed equipment.
- c. Identify each oversight entity, whether governmental or professional in nature, whose approval/accreditation needs to be obtained by the Applicant prior to the operation of the proposed equipment and/or after the initiation of the service related to the proposed equipment. For each required approval/accreditation, describe the progress the Applicant has made in securing such approval/accreditation.