

Supplemental CON Application Form  
**Transfer of Ownership of a Health Care Facility**  
Conn. Gen. Stat. § 19a-638(a)(2), as amended by Public Act 18-91

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**Applicant:**

**Project Name:**



## 1. Project Description and Need: Change of Ownership or Control

- a. Describe the transition plan and how the Applicants will ensure continuity of services. Provide a copy of the transition plan, if available.
- b. For each Applicant (and any new business entities to be created as a result of the proposal), provide the following information as it would appear **prior** and **subsequent** to approval of this proposal:
  - i. Legal chart of corporate or entity structure including all affiliates.
  - ii. Governance or controlling body
  - iii. List of owners and the % ownership and shares of each.
- c. Does this proposal avoid the corporate practice of medicine? Explain in detail.

## 2. Clear Public Need

- a. Is the proposal being submitted due to provisions of the Federal Sherman Antitrust Act and Conn. Gen Stat. §35-24 et seq. statutes? Explain in detail.
- b. Is the proposal being submitted due to provisions of the Patient Protection and Affordable Care Act (PPACA)? Explain in detail.
- c. Excluding Certificate of Need state statute, is the proposal being submitted due to any specific state or federal laws? Explain in detail.