

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

Applicant:		
Project Name:		

Affidavit

Applicant:	
Project Title:	
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I,, (Name)	(Position – CEO or CFO)
(Facility Name) said facility complies wi forth in the Sections 19a-630, 19a-637, Public Act 18-91 and/or 4-181 of the Co	being duly sworn, depose and state that the ith the appropriate and applicable criteria as set, 19a-638, 19a-639, 19a-486, as amended by onnecticut General Statutes, and that all facts plication are true and correct to the best of my
Signature	 Date
Subscribed and sworn to before me on	
Notary Public/Commissioner of Superio	or Court
My commission avairas:	

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.