



# State of Connecticut Office of Health Care Access Form for Modification of a Previously Authorized Certificate of Need

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

|  | Petitioner | Petitioner |
|--|------------|------------|
| Full legal name  |            |            |
| Doing Business As  |            |            |
| Name of Parent Corporation   |            |            |
| Mailing Address, if Post Office Box, include a street mailing address for Certified Mail |            |            |
| Petitioner type (e.g., P for profit and NP for Not for Profit)                           |            |            |
| Name of Contact person, including title  |            |            |
| Contact person's street mailing address  |            |            |
| Contact person's phone, fax and e-mail address   |            |            |

**SECTION II. GENERAL PROPOSAL INFORMATION**

- a. Title of Previously Authorized Project and Associated Docket Number(s):  
\_\_\_\_\_
- b. Location of proposal (Town including street address):  
\_\_\_\_\_
- c. Type of Modification Request:
  - Change in the Scope of the Authorized Certificate of Need Project
  - Extension of CON Expiration Date
  - Change in a CON Order Condition (*other than to extend expiration date*)
  - Other – Describe: \_\_\_\_\_

**SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:**

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

**SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:**

- a. Certificate of Need expiration date per CON Final Decision: \_\_\_\_\_
- b. Requested revised CON expiration date: \_\_\_\_\_
- c. Rationale for increased time to fully complete and implement the authorized project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

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- b. Provide the rationale for such requested change:

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**SECTION VI. OTHER**

- a. Submit a completed CON Modification Affidavit.
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.
- c. Identify what has been accomplished to date in terms of full project implementation.

### CON MODIFICATION AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_