



Oklahoma State Department of Health
 Health Facility Systems
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**CERTIFICATE OF NEED APPLICATION
 FOR LONG TERM CARE FACILITY ACQUISITION**

**APPLICANT'S WRITTEN STATEMENTS
 [OAC 310:620-3-3(2),(3),&(4)]**

Facility Name: _____

Applicant's Name: _____

Person providing statement on behalf of the applicant: _____

- The Applicant agrees to advise the Oklahoma State Department of Health (the "Department") prior to any change in the staffing and leadership during the first six (6) months of operation after the acquisition of the Facility is finalized;
- The Applicant agrees that any person added to or replacing another person in the Facility's staffing or leadership plan during the first six (6) months of operation shall comply with 63 O.S. Section 1-853.D and OAC 310-4-1-7.1; and
- The Applicant agrees that this Statement shall constitute the Applicant's release authorizing the Department to verify the financial information submitted in the Application. The Applicant acknowledges and agrees that the Department may make independent inquiry into the financial condition of the Applicant.
- The Applicant's Policy Body _____ anticipates spending as much time as is necessary working at the Facility to meet the varying needs of the Facility and its residents (anticipated to be on average a minimum of ___ to ___ hours per month).

 Typed or Printed Name of Person Signing for Applicant

 Signature of Applicant

 Name of Corporation, Partnership or Association

 Official Title or Position

Signed _____ day of _____ 20____.