



**CERTIFICATE OF NEED APPLICATION FOR EXEMPTION FOR A  
 LICENSED NURSING OR SPECIALIZED FACILITY FACILITY  
 REPLACEMENT OR RELOCATION**

**I. Name and address of facility affected:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Area Code) Telephone Number (Area Code) Fax Number

**II. Name and address of contact person:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Area Code) Telephone Number (Area Code) Fax Number

**III.** Submit ODH Forms 953-B Disclosure Statement, 953-C Detail Attachment and 953-D Affirmation Attachment to provide complete disclosure of all persons and entities involved in and affected by the transfer.

**IV.** Current number of licensed beds: \_\_\_\_\_ Number of licensed beds in new facility: \_\_\_\_\_

**V.** Straight-line distance from current site to new site: \_\_\_\_\_ miles. Attach a map that shows the current and new locations and demonstrates that the sites are no more than three (3) miles apart for rural areas, seven-and-one-half (7-1/2) miles apart for urban areas. The map must include a mileage scale.

**VI.** Attach a plan for the use of the facility to be replaced or relocated that ensures continuity of services. Will the existing facility be used as a licensed nursing facility after the new facility is licensed? [ ] Yes [ ] No

**VII. This form must be accompanied by a \$100.00 filing fee. Make checks payable to the Oklahoma State Department of Health.**

I certify that the foregoing is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Typed or Printed Name of Person Signing for Applicant

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Name of Corporation, Partnership or Association

\_\_\_\_\_  
 Official Title or Position

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Name(s) of person(s) making statement.

Seal or Stamp:

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 My Commission Number is: \_\_\_\_\_