

Form for Modification of a Previously Authorized Certificate of Need

All persons who are requesting a modification to a previously authorized Certificate of Need (“CON”) from the Office of Health Strategy (“OHS”) must complete this form. The completed form **must be filed electronically** through the OHS’ single point of access, its [CON Web Portal](#).

First time Portal users must register prior to submitting any documents. To register, click here: [Certificate of Need Web Portal](#)

For any questions, please email HSP@ct.gov or call (860) 418-7001.

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		
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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.

- b. Provide the rationale for such requested change:

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: _____