

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

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.

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: _____