

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), existing imaging equipment may be replaced, if such equipment was acquired through Certificate of Need (“CON”) approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies the Office of Health Strategy (“OHS”) using this form, of the date on which the equipment is replaced and the disposition of the replaced equipment.

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.

Please complete the following:

Provider Name & Address:	
Name and description of the equipment to be replaced:	
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	
Address of the existing imaging equipment:	
Name and description of the replacement equipment:	
Location where replacement equipment will be operated:	
The date the replaced equipment was replaced:	
The disposition of the replaced equipment	

Person Completing the form: _____, _____
Name _____ Title _____

Signature _____ Date _____