

Supplemental CON Application Form  
**Transfer of Ownership of a Health Care Facility**  
Conn. Gen. Stat. § 19a-638(a)(2)

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**Applicant:**

**Project Name:**

## Affidavit

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_,  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 of the Connecticut General Statutes, and that all facts contained in this Certificate of Need application are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

## 1. Project Description and Need: Change of Ownership or Control

- a. Describe the transition plan and how the Applicants will ensure continuity of services. Provide a copy of the transition plan, if available.
- b. For each Applicant (and any new business entities to be created as a result of the proposal), provide the following information as it would appear **prior** and **subsequent** to approval of this proposal:
  - i. legal chart of corporate or entity structure including all affiliates;
  - ii. governance or controlling body; and
  - iii. list of owners and the % ownership and shares of each.
- c. Does this proposal avoid the corporate practice of medicine? Explain in detail.

## 2. Clear Public Need

- a. Is the proposal being submitted due to provisions of the Federal Sherman Antitrust Act and Conn. Gen Stat. §35-24 et seq. statutes? Explain in detail.
- b. Is the proposal being submitted due to provisions of the Patient Protection and Affordable Care Act (PPACA)? Explain in detail.
- c. Excluding Certificate of Need state statute, is the proposal being submitted due to any specific state or federal laws? Explain in detail.