STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

CHANGE IN ELECTRONIC CERTIFICATE OF NEED NOTIFICATION APPOINTMENTS

SHPDA Facility ID No.: _____

Facility Type: _____

Name of Facility/Provider: _____

Physical Address: _____

_____

County: _____

Designated Contact Person 1: _____

Email Address of Contact 1: _____

Designated Contact Person 2: _____

Email Address of Contact 2: _____

VERIFICATION

I hereby certify that the information listed above is true and correct to the best of my knowledge. It is understood that failure to maintain accurate email addresses on file with the Agency may result in the inability to receive notifications associated with the Certificate of Need process.

_____ _____

Signature of Appointing Authority **Title**

_____ _____

Date **Telephone Number**