

**REVIEW OF CERTIFICATE OF NEED APPLICABILITY FOR A LICENSED
NURSING OR SPECIALIZED FACILITY OWNERSHIP CHANGE OR
TRANSFER AT
TITLE 63 OKLAHOMA STATUTE SECTION 1-852(D)**

I. Name and address of facility affected: _____

(Area Code) Telephone Number

(Area Code) Fax Number

II. Name and address of contact person: _____

(Area Code) Telephone Number

E-mail Address

(Area Code) Fax Number

III. A review request based on ownership change or transfer may occur for one of the following. Please check ownership or transfer type review is requested.

- Operation of law (e.g. divorce, probate, reversions, bankruptcy).**
- Estate planning, treasury stock purchases, transfers between existing owners and/or family members; increases in common stock or partnership interest for any individual who already owns fifty percent (50%) of the common stock or controls fifty percent (50%) of the partnership interest.**
- New purchases of common stock or partnership interest by any legal entity if the new purchaser will own, in total, less than fifty percent (50%) of the corporate entity or partnership.**
 - Submit a description of the transfer and disclosure of persons and entities affected.
 - Include copies of the proposed contracts or agreements by which ownership will be changed or transferred as an attachment.

IV. Submit ODH Forms: Disclosure Statement for an Owner, Lessee, Manager for a Long Term Care Facility (ODH Form 953-B) and Detail Attachment to the Disclosure Statement (ODH Form 953-C) to provide complete disclosure of all persons and entities involved in and affected by the transfer prior to the transfer, and disclosure of all persons and entities of the entity affected by the transfer after the transfer.

V. Pursuant to Oklahoma Administrative Code (OAC) 310:4-1-13(g)(4), provide copies of certificates of incorporation, bylaws, articles of organization, company operating agreements, certificates of limited partnership, or equivalent documents maintained pursuant to state or federal law, and any amendments of such documents. Instead of submitting a document that is not a public record previously filed with a local, state or federal government agency, the applicant may submit a sworn and notarized statement that includes all of the following information:

- (A) Name and date of the document;
- (B) Name and address of each person or entity that has current or proposed interests, responsibilities or participation in the ownership, operation or management of the facility or that otherwise makes or influences any decision relating to expenditures or operations affecting the facility, whether the person or entity is identified in the disclosed document by proper name or by function;
- (C) Description of the interest, responsibility, and/or nature of participation of each person or entity named pursuant to (g)(4)(B) of this section; and
- (D) Location address and telephone number of the place of business in Oklahoma wherein the applicant shall make the document(s) available for inspection by the Department, upon written request by the Department.

VI. File the application, and all documentation, to the Oklahoma State Department of Health by facsimile, e-mail, or at the address at top of page 1.

I certify that the foregoing is true and complete to the best of my knowledge and belief.

 Typed or Printed Name of Person Signing for Applicant

 Signature of Applicant

 Name of Corporation, Partnership or Association

 Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

 Name(s) of person(s) making statement.

Seal or Stamp:

 Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____