

PROTECTIVE
HEALTH
SERVICES



Oklahoma State Department of Health
Protective Health Services – 0505
Medical Facilities
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6785
FAX: (405)271-1738

**AMBULATORY SURGICAL CENTER SELF-CERTIFICATION
SUBMITTAL FORM**

INSTRUCTIONS

- I. The form has been developed to allow facility representatives the option of using self-certification review process when it is not feasible to wait for the full plan review process by the Oklahoma State Department of Health (OSDH).
- II. Read carefully and complete all portions of the form. Please type.
- III. **SUBMITTALS BY MAIL:** The self-certification submittal form must be accompanied by the \$1000.00 self-certification fee in order to be reviewed. Fee should be submitted directly to the post office box listed below. Please do not submit fees to Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and engineer/architect applicant and be mailed to:

Oklahoma State Department of Health
Protective Health Services
Medical Facilities – Plan Review
PO Box 268823
Oklahoma City, OK 73126-8816

- IV. **SUBMITTALS IN PERSON:** If submitting an application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before submitting any such application.
- V. If the application for self-certification is not approved, a denial letter will be issued and the facility will have 30 days to submit additional information for reconsideration of application.
- VI. If the application is denied again, the facility must submit the Plan Review Application and fee.

ARCHITECT/ENGINEER CERTIFICATION

1. Name of Facility: _____

Tel. No.: _____ Fax No.: _____

DBA: _____

2. Mailing Address: _____
(Number, Street, City, State, Zip)

3. Name of Project: _____

4. Description of Project:

5. Qualification: Check to confirm that the project complies with necessary requirements

Must meet one of these requirements

- Project involves patient treatment areas and total cost of \$5,000,000 or less
- Project involves only areas where patients are not intended to be treated

Must meet all of these requirements

- Architect/engineer attesting to application has held a license for at least 5 years
- Facility owner/operator agrees that OSDH retains authority to review project and documents, conduct inspections and withdraw approval
- Facility owner/operator agrees to make changes to bring project into compliance with standards
- Facility owner/operator must notify OSDH to schedule a final inspection prior to occupancy or performing services

6. Project Cost Verification: Please list the estimated cost of the project

Total projected cost for design: \$ _____

Total projected cost for construction: \$ _____

7. The undersigned architect/engineer hereby certifies:

- They have created the contract documents attached hereto regarding new building, new addition, renovation, alteration, modification, or conversion of an existing building in the referenced project;
- The documents have been reviewed for compliance with Oklahoma State Department of Health - Ambulatory Surgical Center Standards (Title 310 Oklahoma Administrative Code, Chapter 615)
- To the undersigned's knowledge, information and belief, the plans meet the requirements of the licensing rules in all material aspects

Firm Name: _____

Name of Licensed Architect/Engineer: _____

Date on which Architect/Engineer Obtained Oklahoma License: _____

Tel. No.: _____ Fax No. _____

Signature: _____ Date: _____

Architect/Engineer Seal:

8. The undersigned applicant understands and agrees that, notwithstanding this architectural

certification the OSDH shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the OSDH to comply with the applicable codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Owner/Operator: _____

Printed Name: _____ Title: _____

Date: _____