Hospice and
ICF/DDs

CERTIFICATION BY THE APPLICANT

A. I, _____, certify that this application for a certificate of need presents information that I relied upon and to the best of my knowledge was complete, correct, and accurate. I understand that a representative of the certificate of need office may make a request for additional information in order to deem my application complete.

B. I hereby provide assurances that I will provide services to Medicaid recipients and Medicare beneficiaries at least equal to the levels of services projected in this application.

C. I understand that if I am issued a certificate of need, a representative of the certificate of need office may request information about the project. The requested information will be used to document the progress, scope, and costs of the project. In addition, I will complete written monitoring reports as required in Rule 59C-1.013, *Florida Administrative Code*. This rule specifies the frequency and the content of the progress reports. Failure to comply with reporting requirements may result in penalties, as described in the enabling statutes and rules.

D. I certify that I am either the applicant or a representative of the applicant, and possess the authority to submit this application.

E. I understand that, if issued a certificate of need as a result of this application, the applicant is bound by the representations in it.

F. I will accept a condition or conditions on the award of a certificate of need based upon any representation of intent contained in this application.

G. I certify that the applicant for this project will license and operate the health services, programs, or beds described in this application.

H. I certify that the applicant for this project will provide utilization reports to the agency, the Local Health Council or its designee.

I. I certify that the person identified below has authority to bind the applicant to the proposal.

_____   _____
Legal Name of the Applicant   Signature of Authorized Representative

_____
Please type or print the above name

_____   _____
Date   Title