TRANSFER OF A CERTIFICATE OF NEED

LEGAL NAME OF APPLICANT

FACILITY/PROJECT NAME

AUTHORIZED REPRESENTATIVE/CONTACT PERSON

CHIEF EXECUTIVE OFFICER

MAILING ADDRESS

STREET ADDRESS/SITE LOCATION

CITY, STATE, AND ZIP CODE

CITY

TELEPHONE (AREA CODE AND NUMBER)

DISTRICT/SUBDISTRICT (IF APPLICABLE)

EMAIL ADDRESS

COUNTY:

- ☐ 1. Alachua
- ☐ 2. Baker
- ☐ 3. Bay
- ☐ 4. Bradford
- ☐ 5. Brevard
- ☐ 6. Broward
- ☐ 7. Calhoun
- ☐ 8. Charlotte
- ☐ 9. Citrus
- ☐ 10. Clay
- ☐ 11. Collier
- ☐ 12. Columbia
- ☐ 13. DeSoto
- ☐ 14. Dixie
- ☐ 15. Duval
- ☐ 16. Escambia
- ☐ 17. Flagler
- ☐ 18. Franklin
- ☐ 19. Gadsden
- ☐ 20. Gilchrist
- ☐ 21. Glades
- ☐ 22. Gulf
- ☐ 23. Hamilton
- ☐ 24. Hardee
- ☐ 25. Hendry
- ☐ 26. Hernando
- ☐ 27. Highlands
- ☐ 28. Hillsborough
- ☐ 29. Holmes
- ☐ 30. Indian River
- ☐ 31. Jackson
- ☐ 32. Jefferson
- ☐ 33. Lafayette
- ☐ 34. Lake
- ☐ 35. Lee
- ☐ 36. Leon
- ☐ 37. Levy
- ☐ 38. Liberty
- ☐ 39. Madison
- ☐ 40. Manatee
- ☐ 41. Marion
- ☐ 42. Martin
- ☐ 43. Miami/Dade
- ☐ 44. Monroe
- ☐ 45. Nassau
- ☐ 46. Okaloosa
- ☐ 47. Okeechobee
- ☐ 48. Orange
- ☐ 49. Osceola
- ☐ 50. Palm Beach
- ☐ 51. Pasco
- ☐ 52. Pinellas
- ☐ 53. Polk
- ☐ 54. Putnam
- ☐ 55. Saint Johns
- ☐ 56. Saint Lucie
- ☐ 57. Santa Rosa
- ☐ 58. Sarasota
- ☐ 59. Seminole
- ☐ 60. Sumter
- ☐ 61. Suwannee
- ☐ 62. Taylor
- ☐ 63. Union
- ☐ 64. Volusia
- ☐ 65. Wakulla
- ☐ 66. Walton
- ☐ 67. Washington

CON PROPOSED TO BE TRANSFERRED:

CON Number Date Issued

CURRENT HOLDER OF THE CON:

OWNERSHIP TYPE:

- ☐ 1. For Profit
- ☐ 2. Not For Profit
- ☐ 3. Nursing Home Chain
- ☐ 4. Government

APPLICANT TYPE:

- ☐ 1. Hospice
- ☐ 2. Community Nursing Home
- ☐ 3. Sheltered Nursing Home
- ☐ 4. Community ICF/DD
- ☐ 5. State ICF/DD

PROJECT COSTS:

Capital Expenditures _____

Operating Costs _____

NUMBER OF NEW/AFFECTED BEDS (+/-):

_____ Community Nursing Home

_____ Sheltered Nursing Home

_____ Freestanding Inpatient Hospice

_____ ICF/DD

ADDITIONAL PROJECT DETAILS/REMARKS:

AHCA Use Only:

CON Number _____

Date Received _____

Fee Received _____

Rule 59C-1.008(1)(f), Florida Administrative Code
Form available at: http://ahca.myflorida.com/MCHQ/CON_FA/Application/index.shtml