

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED

Notice of Appearance

RE: Health Facility Name: _____
CON #: _____
CASE #: _____

Hearing date & time: _____

Please take notice that _____
(Name of Person or Party)

will attend the hearing scheduled for this matter, and enter an appearance of record on behalf of _____

If this is a hearing on a certificate of need matter, this appearance will be:

() in support

() in opposition.

Please note that if the applicant is a corporation, the person entering an appearance of record shall be an attorney licensed to practice in Kentucky.

(Signature) (Date)

(TO BE FILED WITH THE OFFICE OF INSPECTOR GENERAL, DIVISION OF CERTIFICATE OF NEED, AND SERVED ON ALL KNOWN AFFECTED PARTIES FIVE (5) CALENDAR DAYS PRIOR TO THE DATE OF THE HEARING FOR NONSUBSTANTIVE REVIEW AND SEVEN (7) CALENDAR DAYS PRIOR TO THE DATE OF THE HEARING FOR FORMAL REVIEW AND ALL OTHER CERTIFICATE OF NEED HEARINGS)

COMPLETE AND RETURN TO:

OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED
275 EAST MAIN STREET 5EA
FRANKFORT, KY 40621
Phone: (502) 564-9592
Email: CON@ky.gov
Fax: (502) 564-6546