COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL DIVISION OF CERTIFICATE OF NEED

Notice of Intent to Acquire a Health Facility or Health Service

Pursuant to KRS 216B.065, any person proposing to acquire an existing licensed health facility or service within the boundaries of the Commonwealth of Kentucky shall notify this office at least thirty (30) days prior to entering into a contract to acquire the facility or service.

1. Name of Health Facility or Service License Number: Address of Facility or Service

(City) (State) (Zip) (County)

1. Name of Current Owner
2. Name of Purchaser

Address of Purchaser

(City) (State) (Zip) (County)

1. Identify the type of ownership of Purchaser: Sole Proprietorship

Partnership

Limited Liability Company Professional Service Corporation Private (for-profit) Corporation Non-Profit Corporation

Governmental Entity

Other (please explain)

(Complete Section 4.A.)

* 1. **Please complete if purchaser will be a partnership**:

GENERAL PARTNERSHIP \_ \_ LIMITED PARTNERSHIP LIMITED LIABILITY PARTNERSHIP

GENERAL PARTNERS: NAME: PERCENTAGE:

LIMITED PARTNERS: NAME: PERCENTAGE:

1. Which of the following is applicable: Purchase

Lease

Stock Acquisition

Merger

If merger, please explain:

1. Is the Capital Expenditure or fair market value less than or more than the amount set forth on the Office of Inspector General, Division of Certificate of Need Web site, https://chfs.ky.gov/agencies/os/oig/dcn? **PLEASE CHECK ONE**.

Less than More than

1. What percentage interest is being acquired?
2. Projected date of acquisition
3. Licensed bed capacity of facility at time of purchase (number of beds by category)
4. Health Services (licensure categories) and service area offered by the facility and service area at the time of Purchase
5. Outstanding certificates of need that are held by the current owner and have not been deemed complete
6. What other health care facilities does the purchaser currently operate in Kentucky?

(PRINTED NAME) (TITLE)

(EMAIL ADDRESS) (AREA CODE-TELEPHONE NO-EXT)

(Signature of Authorized Representative) (Date)

**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](mailto:CON@ky.gov) Fax: (502) 564-6546