

Director Notifications

Circumstances Requiring Written Notifications to the Director of Health
Ohio Administrative Code Rule 3701-22-03(J)-(K)

Main Hospital Name (DBA):		Main Hospital Address:		License Number:	
Check the location this form applies to:		Main Hospital Location		Provider-based Location (If checked, list the location name and address on next line.)	
Location Name:			Location Address:		
Please check all applicable services affected by the changes selected above:					

Please check all sections that apply:

The licensee will notify the director in writing:		Effective/Tentative Date
	Within seven days of a change in administrator or name of the hospital. (OAC 3701-22-03(J)(1))	
	Seven days prior to the voluntary suspension of operation or closing of the hospital. In the event of involuntary closure, the licensee will provide written notice as soon as possible after learning of the closure. (OAC 3701-22-03(J)(2))	
	Ninety days prior to any change to the owner of the entity holding the license. For the purposes of this section, such change is not a change of ownership. (OAC 3701-22-03(J)(3))	
	Within 30 days of the addition of a department(s) of a provider, remote location(s) of the hospital, or satellite facility(ies). (OAC 3701-22-03(A)(4)(b))	
Except in the event of emergencies (for emergencies, use Emergency Director Notifications form available under Applications and Forms on our website), the licensee will notify the director, in writing, at least 15 days prior to any construction, modernization, major acquisition, or significant alteration that:		
	Will result in an interruption of patient care services in any department(s) of a provider, remote location(s) of the hospital, or satellite facility(ies). (OAC 3701-22-03(K)(1))	
	*Adds hospital building(s), replaces hospital building(s), or expands hospital building(s) patient care areas. (OAC 3701-22-03(K)(3))	
	*Changes the layout of a patient care area of the hospital that involves removing or replacing walls, adding new or extending existing plumbing or electric service, adding new or extending existing heating, ventilation, or air conditioning service; or adding vacuum or gases; or (OAC 3701-22-03(K)(4))	
	*Converts non-patient care area(s) to patient care area(s) that involves removing or replacing walls, adding new or extending existing plumbing or electric service, adding new or extending existing heating, ventilation, or air conditioning service; or adding vacuum or gases. (OAC 3701-22-03(K)(5))	

***If you have checked any of the items denoted (*) above, please also provide:**

• Current and Proposed Floor Plans	• Certificate of Occupancy	• State Fire Marshal/Local Fire Authority Inspection	• Evidence of Accreditation
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Please describe the required notification change(s) selected above: (add additional pages if needed)

Authorized Representative Name:	Title:	Email:	Date:

Return this completed form and any applicable documents to: liccert@odh.ohio.gov. Contact Phone Number: 614-466-7713.