



Hospital Attestation to Request Multiple New Services

Submission of this attestation to the Department of Health's (Department) Division of Acute and Ambulatory Care (DAAC) will satisfy a health care facility's notice and approval requirements under 28 Pa. Code § 51.3(a) (h), and (l) relating to the provision of a new services. The Department reserves the right to conduct an onsite survey or inspection, if necessary, to determine compliance with all licensure requirements.

Submission of this attestation does not satisfy the facility's obligation to notify the Department's Division of Safety Inspections (DSI) pursuant to 28 Pa. Code § 51. (d) and (h) if provision of the new service requires any construction, alternation, or renovation of space in the facility.

The undersigned individual authorized by the health care facility's governing body attests that the facility has satisfied the following requirements for provision of a new services in a health care facility.

Please complete the fields and check the relevant boxes below to indicate completion of the requirement.

Facility Name: _____

Facility Address: _____

QUESTIONS TO BE ANSWERED ON EQUIPMENT GRID BELOW (Pages 3-5)

Q01: Name of new service

Q02: Date new service will begin

Q03: The required 60-day notification for new service was sent to the Department

Q04: Date notification was sent

Q05: A narrative for the new service was provided to the Department and included the scope of care (purpose/function), staffing requirements and qualifications, and equipment required for the new service

Q06: The governing body approved the new service with documentation in the governing body's meeting minutes **(If applicable)**

Q07: Policies and procedures were developed for the new service as required by the Pennsylvania Department of Health's Rules and Regulations for Hospitals

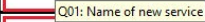
Q08: Physicians performing the new service were credentialed and oriented to the policies and procedures for the new service. Documentation of credentialing and orientation has been added to their credential file

Q09: Staff performing the new service were oriented to the policies and procedures and their job descriptions were updated or developed for the new service, if necessary. Documentation of orientation and job descriptions has been added to the staff's employee file.

Q10: Radiology equipment is involved with the new service, the facility has obtained certification by the manufacturer and maintains a copy of the certification and a copy of the physicist's report on the equipment **(If applicable)**

Note: Questions marked **(If applicable)** Select "NA" if not applicable or "Yes" if applicable

Each question above can be viewed on the grid by hovering over the box.

1	
2	

Please add any additional information you would like the Department to know about your Attestation.

Note: Red boxes must be completed for each new service

SERVICE GRID

	Q01	Q02	Q03	Q04	Q05	Q06	Q07	Q08	Q09	Q10
1										
2										
3										
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With the addition of the new services, the facility is in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.

Attestation on behalf of the health care facility named above by:

_____ (Print Name)

_____ (Sign Name) Date: _____

Please email the completed attestation to DAAC Division Director at RA-DAAC@pa.gov and cc your assigned Field Office HFQE Surveyor.