

**New York State Department of Health
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural & Engineering Facility Planning**

PHYSICIST LETTER OF CERTIFICATION

Date: _____

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Facility Planning
ESP, Corning Tower, 18th Floor
Albany, New York 12237

Re: CON Project #: _____
Facility Name: _____
Facility Location: _____

Project Description: _____

To the New York State Department of Health:

I certify that, as an employee or contractor of the above-named facility, it is my duty to design and prepare plans, sketches, and specifications relating to radiation protection for the facility. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2, and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.

Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.

I attest that I have been authorized by the above named facility to make this certification.

Signature of Physicist	Name of Physicist (Print)
Date	Degree(s) Certification
	Business Address

The undersigned applicant understands and agrees that, notwithstanding this certification, the Department of Health shall have continuing authority to: (a) review all plans, sketches, and specifications related to radiation protection for the facility to ensure compliance with the above-mentioned technical standards; and (b) withdraw its approval of the application for failure to comply with such standards. I understand that I have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

	Authorized Signature for Applicant
Date	Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK)
) SS:
 County of _____)

On the ____ day of _____ 20__, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

Notary _____

cc: Regional Office-OHSM