



Hospital Attestation to Request the Addition for a New Service

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 service. 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 service in a health care facility. Please check the relevant boxes below to indicate completion of the requirement.

Facility Name: _____

Facility Address: _____

Name of New Service: _____

Date the New Service will begin: _____

The required 60-day notification for a new service was sent to the Department.

Date notification was sent: _____

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.

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

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

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 made in their credential file.

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 made in the staff's employee file.

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)*

With the addition of the new service, 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 and HFQE Supervisor.

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