



# ARCHITECT AND LICENSEE'S AFFIDAVIT

(Check Appropriate Facility Type)

- Hospital<sup>1</sup>
 Clinic<sup>2</sup>
 Dialysis Facility<sup>3</sup>  
 Hospital Satellite<sup>1</sup>
 Clinic Satellite<sup>2</sup>
 Long Term Care Facility<sup>4</sup>

The undersigned **Architect** hereby certifies:

1. The Architect has created the architectural plans and specifications attached hereto as Attachment 1 (the "plans") regarding physical plant improvements at the facility named below:

Facility's Licensed Name or Proposed Name	Address	City/Town	Zip Code
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Hospital or Clinic Satellite Name (If Applicable)	Address	City/Town	Zip Code
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Brief Project Description

2. The Architect has reviewed all submitted plans which are identified in attached list for compliance with applicable Massachusetts Department of Public Health Licensure Regulations <sup>1</sup>105 CMR 130.000, <sup>2</sup>105 CMR 140.000, <sup>3</sup>105 CMR 145.000, <sup>4</sup>105 CMR 150.000 & 153.000 and the applicable sections of the <sup>1/2/3</sup> 2018 Editions of the FGI *Guidelines for Design and Construction of Hospitals* and FGI *Guidelines for Design and Construction of Outpatient Facilities*, as appropriate to the facility type.
3. To the undersigned's knowledge, information and belief, all submitted plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items for which waivers are requested (please list regulation numbers below and verify that a completed waiver form has been submitted for each item):


Architectural Firm Name: _____	Architect's Stamp 
Architect's Signature: _____	
Name: _____	
Title: _____	
Initial Date: _____ Revision Dates: _____	

4. The undersigned **Licensee/Proposed Licensee** understands and agrees that notwithstanding the plan approval based on the Self-Certification or Abbreviated Review process undertaken pursuant to this and the accompanying documents, the Division of Health Care Facility Licensure and Certification of the Department of Public Health (the "Division") shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto.
5. The facility named below shall have a continuing obligation to make any changes required by the Division to comply with the above mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Facility Name: _____	Authorized Signature: _____
Address: _____	Name: _____
	Title: _____
Date: _____	

Note: The Affidavit must be stamped and signed, then scanned and submitted as a PDF document.

# List of Attached Plans

<b>Plan Number</b>	<b>Plan Title</b>	<b>Issue Date</b>	<b>Revision Date</b>