



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

**CHANGE IN ELECTRONIC
CERTIFICATE OF NEED NOTIFICATION APPOINTMENTS**

SHPDA Facility ID No.: _____

Facility Type: _____

Name of Facility/Provider: _____

Physical Address: _____

County: _____

Designated Contact Person 1: _____

Email Address of Contact 1: _____

Designated Contact Person 2: _____

Email Address of Contact 2: _____

VERIFICATION

I hereby certify that the information listed above is true and correct to the best of my knowledge. It is understood that failure to maintain accurate email addresses on file with the Agency may result in the inability to receive notifications associated with the Certificate of Need process.

Signature of Appointing Authority

Title

Date

Telephone Number