

**APPLICATION FOR MODIFICATION OF CERTIFICATE OF PUBLIC ADVANTAGE**  
(Rule 410-1-13)

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For SHPDA Use Only

Project No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Staff Reviewer: \_\_\_\_\_

**PART ONE: APPLICANT IDENTIFICATION AND CONTACT INFORMATION**

A. Name of Applicant:

\_\_\_\_\_

B. Address of Applicant:

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C. Contact Person:

Name and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

D. Additional Parties (attach if needed).

**PART TWO: DESCRIPTION OF CURRENT CERTIFICATE AND REQUESTED MODIFICATION**

(attach additional pages if needed)

A. Date Issued: \_\_/\_\_/\_\_

B. Nature and Scope of Cooperative Engagement, identifying the basis for the requested modification, including any material change to the Cooperative Engagement

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Parties to the Engagement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART THREE: STATUTORY FACTORS AND PUBLIC BENEFITS ANALYSIS**

Please address, to the extent applicable, how the engagement under the Certificate has furthered the public benefits identified in the original application, as follows: (attach additional pages if needed):

1. Quality of hospital and related care provided to rural Alabama citizens.

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2. Continued availability of hospital facilities in close geographic proximity.

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3. Potential cost efficiencies.

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4. Efficient use of healthcare resources and avoidance of duplication.

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5. Improvements in health outcomes.

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6. Access to care for medically underserved populations.

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7. Ability of payors to negotiate appropriate arrangements.

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8. Impact on competition.

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9. Quality, availability, and price of services.

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10. Whether alternatives could achieve similar benefits with fewer anticompetitive effects.

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**PART FOUR: SUPPORTING DOCUMENTATION**

Attach copies of any agreements, charts, or other supporting materials you wish to be considered in evaluating the application.

**PART FIVE: CERTIFICATION AND AFFIDAVIT**

The undersigned certifies that the information contained in this application is true and correct to the best of his or her knowledge and belief; that the Cooperative Engagement

is undertaken in good faith; and that the proposed Cooperative Enagement, as modified, is reasonably necessary to further the state policy set forth in Act 2026-522.

Applicant: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_