

**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)**  
**CHANGE IN ELECTRONIC CERTIFICATE OF NEED NOTIFICATION APPOINTMENTS**

This form MUST be filed at [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) in PDF, text searchable format.

**SHPDA ID NO.:** \_\_\_\_\_ **FACILITY TYPE:** \_\_\_\_\_

**NAME OF FACILITY/PROVIDER:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**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 FOR  
ADDITIONAL INFORMATION