



HEALTH CARE INSTITUTION LICENSE APPLICATION
ARCHITECTURE ATTESTATION

Per Arizona Revised Statutes (A.R.S.) § 36-421(A)*, all health care institutions (HCI) that are required by Arizona Administrative Code (A.A.C.) Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. Title 9, Chapter 10, Article 1, must submit with a license application (new construction or modification), this notarized attestation from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Arizona Department of Health Services (Department).

APPLICANT INFORMATION			
Name of Health Care Institution			
Street Address (physical facility)			Suite, Unit, etc. #
City	State	Zip Code	Facility License # (for modifications only)
Owner's Name (as indicated on the license application)			
Owner's Phone Number (as indicated on the license application)		Owner's Email Address (as indicated on the license application)	
PROJECT INFORMATION			
Please select the type of license application submitted with this attestation and provide a narrative description of the project below. For modifications, please include any capacity and/or service changes in your narrative. If additional space is needed, please feel free to attach additional documentation.			
<input type="checkbox"/> New construction of a health care institution <input type="checkbox"/> Modification of existing licensed HCI			
Project narrative:			
Please select the applicable box below to indicate whether or not the project includes nonconforming conditions.* If the project includes nonconforming conditions, please include a description below. If additional space is needed, please feel free to attach additional documentation.			
<input type="checkbox"/> This project includes nonconforming conditions <input type="checkbox"/> Not applicable (this project does not include nonconforming conditions)			
Nonconforming condition description (if applicable):			
<p>*Note: When renovating or expanding existing facilities, it is not always feasible to renovate or upgrade an entire existing facility to totally conform with certain code and zoning requirements. Therefore, authorities having jurisdiction (AHJ) are permitted to grant approval to renovate portions of a structure, space, or system if the facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures. This recommendation does not guarantee an AHJ will grant an exception, but attempts to minimize restrictions on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety.</p>			

REGISTERED ARCHITECT INFORMATION AND NOTARIZED ATTESTATION

Architect's Name	Affix Architect's Seal/Stamp Here
Architect's Phone Number	
Architect's Email Address	

Architect's Attestation: I hereby attest to the best of my knowledge and belief, that the architectural plans and specifications for this construction or modification project meet or exceed standards adopted by the Department and meet the minimum standards for licensure within the class or subclass of health care institution for which it is intended.

Codes and Standards*

- 2018 Guidelines for Design and Construction of Health Care Facilities
- 2012 National Fire Codes
- 2017 American National Standard: Accessible and Usable Buildings & Facilities
- 2018 International Building Code
- 2018 International Mechanical Code
- 2018 International Plumbing Code
- 2018 International Fire Code
- 2018 International Fuel Gas Code
- 2018 International Private Sewage Disposal Code

**Note: This is an unofficial list of the physical plant codes and standards incorporated by reference in A.A.C. Title 9, Chapter 10 for certain classes and subclasses of health care institutions. For an official list and for all relevant licensure regulations, please refer to A.A.C. Title 9, Chapter 10 located on the [Arizona Secretary of State website](#).*

Architect's Signature	Date
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State of _____ County of _____	
On this _____ day of _____, 20_____, before me personally appeared _____, whose identity was proven to me on the basis of satisfactory evidence to be the person he/she/they claims to be, and acknowledged that he/she/they signed the above document.	
Affix Notary Seal/Stamp Here	<div style="border-top: 1px solid black; margin-top: 20px;">Notary Public's Signature</div>

APPLICANT ACKNOWLEDGEMENT

This section of the attestation must be signed by the applicant of the license application. Per A.R.S. § 44-7002: 1. If the applicant is an individual, the owner of the health care institution. 2. If the applicant is a partnership, limited liability company or corporation, two (2) of the officers or the corporation or managing members of the partnership or limited liability company or the sole member of the limited liability company if it has only one (1) member. 3. If the applicant is a governmental unit, the head of the governmental unit.

By signing below, I agree or attest to the following:

- I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern the health care institution class or subclass for which licensing is being requested and this attestation is being submitted for, and I agree to comply with those regulations.

Print Name	Print Title	Signature	Date
Print Name	Print Title	Signature	Date