Self-Certification Letter
For Facilities Certifying Mobile Vans

Facility Name: _____ Facility ID #: _____

Facility Address: _____

I hereby certify that:

☐ I have reviewed the proposed mobile van and acknowledge that it is safe for occupancy and that the space and equipment align with the services to be provided.

☐ I have reviewed the manufacturer's drawings and specifications and verified that the mobile van complies with applicable sections of the 2014 or 2018 Facility Guidelines Institute (FGI) *Design and Construction of Outpatient Facilities*, Specific Requirements for Mobile/Transportable Medical Units.

☐ The mobile van contains a handwashing sink inside the van.

☐ The mobile van contains provisions for accessibility per 2010 ADA for access into the van.

In addition, I understand that this document satisfies the architectural certification requirement of the Certificate of Need application. Costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the Department of Health Regional Office to achieve compliance requirements may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

_____
Authorized Signature of Facility Representative

_____ _____ _____
Print Name and Title of Facility Representative Date