

New York State
Office of Mental Health
Bureau of Inspection and Certification
44 Holland Avenue, Albany, NY 12229
Kenneth R. Gnirke, Director

REQUEST FOR AMENDMENT TO OPERATING CERTIFICATE

Instructions: Submit one copy of this request to OMH's local field office licensing unit and one copy to the Bureau of Inspection and Certification at the above address. This form is to be used only for the changes noted below. **All other changes require a Prior Approval Review (PAR) application per 14 NYCRR 551. PLEASE TYPE or PRINT LEGIBLY**

Agency: _____
Program: _____
OC#: _____
Satellite: _____
OC#: _____
Requestor Name: _____
Signature _____
Title: _____
Date: _____ Telephone #: _____

Identify type of change requested by checking boxes on the left & indicate current information in the **"FROM"** section and requested change in the **"TO"** section.

IDENTIFYING INFORMATION	FROM	TO
Name: <input type="checkbox"/> Sponsor <input type="checkbox"/> Agency <input type="checkbox"/> Facility <input type="checkbox"/> Program <input type="checkbox"/> Satellite		
Address: (corrections only- relocations require a PAR) <input type="checkbox"/> Sponsor <input type="checkbox"/> Agency <input type="checkbox"/> Facility <input type="checkbox"/> Program <input type="checkbox"/> Satellite <input type="checkbox"/> Apartment/Family Based Treatment Site (additions/deletions do not apply and require a different form)		
FOR OUTPATIENT PROGRAMS ONLY (any of these may require a PAR application.):		
Days/Hours of Operation: <input type="checkbox"/> Program <input type="checkbox"/> Satellite		
Additional or Optional Services: <input type="checkbox"/> addition <input type="checkbox"/> deletion Applies to: <input type="checkbox"/> Program <input type="checkbox"/> Satellite		
Population: <input type="checkbox"/> addition <input type="checkbox"/> deletion Applies to: <input type="checkbox"/> Program <input type="checkbox"/> Satellite		

REASON FOR REQUEST:

Include in request, **as applicable**:

- 1) For corporate name changes provide Certificate of Amendment to Certificate of Incorporation
- 2) For programmatic changes, factors influencing the need for the change.
- 3) Effect on staff organization, supervision and scheduling; funding sources; budget
- 4) Impact on program recipients; transportation; other service providers