

**Attestation for a Licensed &  
Certified Hospital**

**Instructions for Completing the Attestation Form**

**We have recently revised the format of the Attestation form. Please review these instructions before filling out the Attestation Form.**

1. List the date of the license application this form is associated with.
2. List the effective date of the attestation.
3. List the hospital's DBA name as it appears on the license.
4. List the geographical address of the hospital.
5. List the telephone number (direct line, no voice mail) and fax number of the hospital.
6. List the name of the location being attested to. Example ABC Hospital – EFJ Off-Site Campus (Medical Surgical 4<sup>th</sup> floor, rooms 401, 402, 403, & 404)
7. List the address of the location being attested to.
8. List the phone number of the area being attested to.
9. Document the purpose of the areas of the attestation.
10. Please review all State of Louisiana Rules, Regulations and Minimum Standards (LAC 48:I, Chapter 93) governing hospitals to ensure the areas being attested to are in compliance. Please be ready to discuss compliance issues with Health Standards Section Program Managers and Division of Engineering personnel.
11. Please review all applicable Conditions of Participation found in the current Code of Federal Regulations to ensure the areas being attested to are in compliance. Please be ready to discuss compliance issues with Health Standards Section Program Managers and Division of Engineering personnel.
12. Please review the current version of the American Institute of Architects Guidelines for Design & Construction of Health Care Facilities to ensure that the areas being attested to are in compliance. Please be ready to discuss compliance issues with Health Standards Section Program Managers and Division of Engineering personnel.
13. All decisions regarding the acceptance of attestations in lieu of on-site surveys are made on a case-by-case basis.



## Health Standards Section

### Attestation for a Licensed & Certified Hospital

14.

<b>Application Date:</b>	<b>Effective Date:</b>
<b>Administrator:</b>	<b>Designated Contact Person:</b>
<b>Hospital Name:</b>	
<b>Hospital Address:</b>	
<b>Hospital Phone:</b>	<b>Hospital Fax:</b>
<b>Name of Location Being Attested To:</b>	
<b>Address of Location Being Attested To:</b>	
<b>Phone Number of Location Being Attested To:</b>	
<b>Purpose of Location Being Attested To:</b>	

This attestation form must be signed by the Administrator/Designee of the Hospital and each page of the Attestation Form must be initialed and dated.

Attention: Read the Following Carefully Before Signing.

Statements or Entries Generally: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes false, fictitious or fraudulent statement or entry, shall be fined or imprisoned or both. (18 U.S.C., Sec. 1001)

I certify that I have reviewed the hospital licensing requirements and based upon my personal knowledge and belief, I attest that \_\_\_\_\_ (hospital location being attested to), effective \_\_\_\_\_ (requested effective date), meets and will continue to meet the applicable requirements for hospitals set forth in the State of Louisiana Rules, Regulations and Minimum Standards (LAC 48:I, Chapter 93) governing Hospitals, all applicable Conditions of Participation found in the Code of Federal Regulations for hospital, and the current applicable guidelines found in the American Institute of Architects Guidelines for Design & Construction of Health Care Facilities. I agree that if the hospital fails to meet any of these requirements, I will notify the Health Standards Section of DHH of the changes immediately in order to permit a valid determination of the hospitals' compliance to the regulations. I understand that the Health Standards Section of DHH, Centers for Medicare and Medicaid Services (CMS), or its representative, has the right to conduct an on-site survey at any time to validate whether the information provided is true.

Signature: \_\_\_\_\_ (Administrator/Designee) \_\_\_\_\_ (mo/dd/yr)