



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • (501) 661-2201
Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Interim Secretary of Health
Jennifer Dillaha, MD, Director

Application for Plan Review Self-Certification

This form has been developed to allow health facilities in Arkansas the option to self-certify a construction project by conducting their own professional review. The self-certification process does not relieve any facility of their responsibility to provide required project documentation to Health Facility Services (HFS), and Health Facility Services reserves the right to decline or revoke self-certification status at any time.

Self-certification only expedites the preliminary plan review. An Approval to Begin Construction letter will be sent once HFS has approved the project for self-certification. The process for receiving Occupancy Approval will still be conducted as normal, requiring the submission of Table 5 documents and a Final Site Inspection.

The preliminary plans, functional narrative, cost estimate worksheet, and plan review fee are due at the time of self-certification submittal.

The plan submission fee shall be \$500 for projects exceeding \$50,000 in total cost and shall be 1% of total cost for all projects costing less than or equal to \$50,000. For projects consisting of multiple phases, Complex Renovation phases (Section 47:D) will require an additional submission fee for each phase. Phases which are Simple Renovations, repairs, or additions (Section 47:D) will not require additional fees.

Documents related to the current Rules for Hospitals and Related Institutions in Arkansas Table 5 Final Occupancy Inspection Checklist will need to be submitted to Health Facility Services (preferably in electronic format) as a project nears completion. Health Facility Services reserves the right to conduct an inspection during any phase of a project.

Self-certification does not include plumbing plan review. Plumbing plans are reviewed by the Arkansas Dept. of Health, Protective Health Codes section.

For any questions, contact Health Facility Services at 501-661-2201

Application for Plan Review Self-Certification

Facility Name: _____

Facility Address: _____

Project Name: _____

Date of submittal: _____

1) The undersigned Architect and/or Professional Engineer hereby certifies:

The undersigned have created the architectural and engineering plans and specifications for the referenced project. The plans meet all requirements of the Rules and Regulations for Hospitals and Related Institutions, including referenced publications adopted in part and in whole and NFPA Codes.

The undersigned certify that plumbing plans have been submitted for review by the Arkansas Department of Health, Protective Health Codes section, or that there is no plumbing associated with this project.

Architectural Firm Name: _____

Architect Name: _____

Architect Signature: _____ Date: _____

Telephone number: (____) _____ Fax number: (____) _____

Address: _____

Architect's Stamp:

Professional Engineer Firm Name: _____

Professional Engineer Name: _____

Professional Engineer Signature: _____ Date: _____

Telephone number: (____) _____ Fax number: (____) _____

Address: _____

Engineer's Stamp:

2) The undersigned Licensee/Applicant understands and agrees:

Notwithstanding the Plan Review Self-Certification undertaken pursuant to this and the accompanying documents, Health Facility Services shall have continuing authority to review the plans submitted herewith and/or inspect the work with regard thereto.

The licensee/applicant has a continuing obligation to make any changes required by the Arkansas Department of Health to comply with the licensing rules, whether or not physical plant construction or alterations have been completed.

The licensee/applicant is ultimately responsible for compliance with the Rules and Regulations for Hospitals and Related Institutions in Arkansas, including referenced publications adopted in part and in whole and applicable NFPA Codes.

Facility Administrator/CEO Signature: _____

Printed Name: _____

Title: _____

Mailing Address: _____

Date: _____ Witness to Signature: _____