



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

**Governor Asa Hutchinson**

**Nathaniel Smith, MD, MPH, Director and State Health Officer**

## Plan Review Professional Certification

The enclosed form entitled Plan Review Professional Certification has been developed to allow existing licensed facilities the option of using a professional certification review process for certain construction projects.

The Plan Review Professional Certification process is limited to:

### Occupancy type

- Outpatient care facility
- Mobile, transportable, re-locatable units
- Non-health care occupancy,

### Construction type

- Simple renovations

The plan review fee of 1% of project or \$500.00 is payable with Professional Certification submittal.

The functional program form, site location and preliminary plans with specifications are due at time of Professional Certification submittal.

This Certification does not apply to a facility or part of a facility in which the project is considered an Addition, Complex Renovation or involves inpatient services, emergency services and areas in which invasive patient care is provided.

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

For questions, contact Health Facility Services; 501-661-2201.

Name of Facility \_\_\_\_\_

Location/Address of Facility \_\_\_\_\_

Name of Project \_\_\_\_\_

Date of submittal \_\_\_\_\_

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

They have created the architectural and engineering plans and specifications for the referenced project. The plans have been reviewed for compliance with 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 Dept. Health, plumbing engineer review section, or that there is no plumbing associated with this project.

To the undersigned's knowledge, information and belief, the plans meet the requirements of the Rules and Regulations for Hospitals and Related Institutions, including referenced publications adopted in part and in whole and NFPA Codes.

Architectural Firm Name: \_\_\_\_\_

Architects Name \_\_\_\_\_

Architect Signature \_\_\_\_\_ Date \_\_\_\_\_

Architect's Stamp: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Professional Engineer Firm Name: \_\_\_\_\_

Professional Engineer Name \_\_\_\_\_

Professional Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_

Engineer's Stamp: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2) The undersigned Licensee/Applicant understands and agrees:

That notwithstanding the Plan Review Professional Certification undertaken pursuant to this and the accompanying documents, the Arkansas Department of Health 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, including referenced publications adopted in part and in whole and NFPA Codes.

Facility Administrator/CEO Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_ Witness to Signature \_\_\_\_\_