

**CERTIFICATE OF NEED APPLICATION FOR EXEMPTION
FOR A LICENSED NURSING OR SPECIALIZED FACILITY
CHANGE OF OWNERSHIP OR STOCK TRANSFER**

I. Name and address of facility affected: _____

(Area Code) Telephone Number

(Area Code) Fax Number

II. Name and address of contact person: _____

(Area Code) Telephone Number

(Area Code) Fax Number

III. Exemption request based on ownership change due to:

- Operation of law (e.g. divorce, probate, reversions, bankruptcy).**

Describe event: _____

Provide documentation of the legal event. This may include, but is not limited to, copies of divorce decree(s), bankruptcy filing(s), expiring lease(s), etc.

Submit a detailed description of the transfer. The description must include the following information:

- Name of person or entity transferring stock
- Name of person or entity receiving stock
- Total percentage of stock to be transferred
- Total ownership of disclosed parties prior to transfer
- Total ownership of disclosed parties after transfer
- Relationship of transferring party to receiving party
- Copies of the proposed contracts or agreements by which ownership will be transferred.

- Estate planning, family transfer, transfer between existing owners.**

Submit a detailed description of the transfer. The description must include the following information:

- Name of person or entity transferring stock
- Name of person or entity receiving stock
- Total percentage of stock to be transferred
- Total ownership of disclosed parties prior to transfer
- Total ownership of disclosed parties after transfer
- Relationship of transferring party to receiving party
- Copies of the proposed contracts or agreements by which ownership will be transferred.

(continued on next page)

For transactions between existing owners, submit documentation of the current ownership interests of both parties.

□ New stock purchase of less than 50% total ownership.

Submit a detailed description of the transfer. Include copies of the proposed contracts or agreements by which ownership will be transferred as an attachment. The description must include the following information:

- Total ownership of disclosed parties prior to transfer
 - Total ownership of disclosed parties after transfer
 - Copies of the proposed contracts or agreements by which ownership will be transferred.

IV. Submit ODH Forms 953-B and 953-C to provide complete disclosure of all persons and entities involved in and affected by the transfer.

V. Pursuant to Oklahoma Administrative Code 310:4-1-13(g)(4), provide copies of certificates of incorporation, bylaws, articles of organization, company operating agreements, certificates of limited partnership, or equivalent documents maintained pursuant to state or federal law, and any amendments of such documents. Instead of submitting a document that is not a public record previously filed with a local, state or federal government agency, the applicant may submit a sworn and notarized statement that includes all of the following information:

- (A) Name and date of the document;
- (B) Name and address of each person or entity that has current or proposed interests, responsibilities or participation in the ownership, operation or management of the facility or that otherwise makes or influences any decision relating to expenditures or operations affecting the facility, whether the person or entity is identified in the disclosed document by proper name or by function;
- (C) Description of the interest, responsibility, and/or nature of participation of each person or entity named pursuant to (g)(4)(B) of this section; and
- (D) Location address and telephone number of the place of business in Oklahoma wherein the applicant shall make the document(s) available for inspection by the Department, upon written request by the Department.

VI. This form must be accompanied by a \$100.00 filing fee. Make checks payable to the Oklahoma State Department of Health.

I certify that the foregoing is true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

Name(s) of person(s) making statement.

Signature of Notary Public

Seal or Stamp:

My Commission Expires: _____ / _____ / _____ My Commission Number is: _____