



**Plan Review Application Form**  
**Rhode Island Department of Health**  
**Center for Health Facilities Regulation**  
**3 Capitol Hill, Room 306, Providence RI 02908**

**Licensure Information**

Existing Licensed Facility	Proposed New or Relocated Facility
Licensee Name and License Number:	Proposed Licensed Name:
Address:	Address:
Existing Licensed Additional Premise/Branch	Proposed New or Relocated Additional Premise/Branch
Licensee Name and License Number:	Proposed License Name:
Address:	Address:

<b>Please provide a brief description of the project:</b>

**Project Contacts**

Licensee/Applicant's Contact Person	Architect's Contact Person
Name:	Name:
Title:	Title:
Licensee/Applicant:	Firm:
Telephone:	Telephone:
Email:	Email:
	RI Registration number:
	RI Certificate of Authorization Number:

## Project Type

- New Licensed Facility
- Change of Location of Existing Licensed Facility
- Renovations to Existing Licensed Facility  
*Renovations are:*  
 Cosmetic    Partial    Full
- Other: \_\_\_\_\_
- New or Additional Premise
- Change of Location of Existing, Licensed Premise
- Renovations to Existing, Licensed Premise  
*Renovations are:*  
 Cosmetic    Partial    Full

## Type of Facility and Services Involved in the Proposed Project

- Acute Care Hospital**
- Administration
- Ambulatory Surgery
- Cardiac Catheterization
- Central Services
- Coronary Care Unit
- Critical Care Unit
- Dialysis    Chronic    Acute
- Dietary
- Emergency
- Endoscopy
- Labor/Delivery    LDR    LDRP
- Laboratory    Hospital Based    Independent
- Mammography
- Medical/Surgical Unit
- MRI    Mobile    Fixed
- Neonatal Intensive Care Unit(s)
- Nuclear Medicine
- Nursery    Well Baby    Special Care
- Occupational Therapy
- Outpatient Department
- Pediatric Intensive Care Unit
- Pediatric Unit
- Pharmacy
- Physical Therapy
- Postpartum Unit
- Psychiatric Unit    Locked    Unlocked
- Radiation Therapy
- Radiology
- Recovery
- Rehabilitation Unit
- Substance Abuse
- Surgery
- Other: \_\_\_\_\_
- Additional Premise Hospital, or  
Organized Ambulatory Care Facility**
- (Select premise services below)
- Medical
- Dental
- Radiology
- Mental Health
- Substance Abuse
- Ambulatory Surgical
- Rehabilitation
- Laboratory
- MRI    Mobile    Fixed
- Radiation Therapy
- Mammography
- Endoscopy
- Other:
- Adult Day Care**
- Birth Center**
- Kidney Disease Treatment Center**
- Harm Reduction Center**
- Hospice Inpatient Facility**
- Long Term Care Facility**  
 Skilled Nursing Facility  
 Assisted Living
- Organized Ambulatory Care Facility**
- Physician/Podiatry Ambulatory Surgery Center**
- Rehabilitation Hospital**
- School Based Health Center**
- Other Facility Type:**

## Project Timelines

Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Construction Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Construction Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Facility Opening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Licensure Regulations require that RIDOH approve construction plans *prior* to construction starting.**

## Required Documents to be Attached

### Project Narrative

Must include the following:

- a description of services and program function(s);
- changes in bed complement or number of patient/resident stations;
- construction scope;
- Sections of the 2018 FGI Guidelines that apply.
- Date of review and certification, and signature of the architect

### Waiver Request Forms (if applicable)

### Floor Plan Layout

Both pre and post renovation

Note: A full set of blueprints are not required