

## **70105 Application Required**

### **(a)**

A verified application shall be forwarded to the Department whenever any of the following circumstances occur: (1) Construction of a new or replacement facility or addition to an existing facility. (2) Increase or decrease of licensed bed capacity. (3) Added service or change from one service to another. (4) Change of ownership. (5) Change of name of hospital. (6) Change of license category. (7) Change of location of the hospital. (8) Change of bed classification.

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Construction of a new or replacement facility or addition to an existing facility.

#### **(2)**

Increase or decrease of licensed bed capacity.

#### **(3)**

Added service or change from one service to another.

#### **(4)**

Change of ownership.

#### **(5)**

Change of name of hospital.

#### **(6)**

Change of license category.

#### **(7)**

Change of location of the hospital.

**(8)**

Change of bed classification.