

DATE

Certificate of Need Director  
West Virginia Health Care Authority  
100 Dee Drive  
Charleston, WV 25311

Certificate of Need Director:

On behalf of [Name of applicant], please consider this letter a request for an exemption for the [description of project].

**Included with this submission is a copy of [Name of applicant] license to do business in West Virginia from the Secretary of State.**

In accordance with W.Va. §16-2D-9 (5) Health services that cannot be developed:

(5) Add licensed substance abuse treatment beds in any county which already has greater than 250 licensed substance abuse treatment beds.

**To be considered for an exemption, the applicant must provide the name of the county and the number of substance abuse treatment beds being requested by the exemption application.**

In accordance with W.Va. C.S.R. § 65-29, the following addresses the requirements for an application for exemption.

**§65-29-4. Application.**

**An application for an exemption shall, at a minimum, include the following:**

**4.1.a. Name, address and contact information for the applicant;**

Insert response.

**4.1.b. Name, address and contact information for the person making the application;**

Insert response including an email address.

**4.1.c. Verifications from the person making the application and the CEO of the applicant entity;**

Insert response and attach verifications to the exemption application.

**4.1.d. A copy of the governing body's written authorization empowering the CEO or his or her designee to authorize specified individuals to sign the application and to act on its behalf; and**

Insert response and attach the governing body's written authorization to the exemption application.

**4.1.e. A detailed description of the project, including but not limited to:**

**4.1.e.1. The location of the proposal;**

Insert response.

**4.1.e.2. A detailed statement of the services to be provided;**

Insert response.

**4.1.e.3. The exemption for which the applicant is applying with the appropriate code citation;**

Insert response.

**4.1.e.4. A statement of the circumstances justifying approval of the exemption; and**

Insert response.

**4.5.e. A timetable for implementation of the project. In the case of a kidney disease treatment center, the facility must be operational within one year of the approval or the exemption will expire after one year.**

Insert response.

**4.1.f. In the case of an exemption of a kidney disease treatment center, the application shall also contain:**

**4.1.f.1. The address of the proposed facility and a copy of the executed lease or option to lease or option to purchase agreement for the facility; and**

Insert response.

**4.1.f.2. Evidence that there is adequate water and other utilities at the site to support the facility.**

Insert response.

If you have questions or need additional information, please do not hesitate to contact me.

Sincerely,

Name  
Title