The enclosed form entitled Architect/Engineer and Licensee Certification (certification form) has been developed in accordance with §133.167(g)(1)(A) of the Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133), §131.146(g)(1)(A) of the Freestanding Emergency Medical Care Facilities Licensing Rules (Title 25 Texas Administrative Code, Chapter 131), §117.104(g)(1)(A) of the End Stage Renal Dialysis Facilities Licensing Rules (Title 25 Texas Administrative Code, Chapter 117), §134.127(d)(1) of the Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 25 Texas Administrative Code, Chapter 134) and with §135.54(g)(1)(A) of the Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code Chapter 135) to allow facility representatives the option of using a self-certification review process when it is not feasible to wait for the full plan review process by Texas Department of State Health Services, Architectural Review Group (ARG) staff. At this time, the self-certification review process is not limited to a specific project type or cost.

The process for obtaining approval to use the self-certification review method is explained in the enclosed information entitled Self-Certification Review Process. For questions, contact our office at (512) 834-6649.

Enclosures: Architect/Engineer and Licensee Certification
The facility representative* submits an Architect/Engineer and Licensee Certification (self-certification form) with signed and sealed final plans, project narrative, a completed Application for Plan Review, and the plan review fee (ambulatory surgical centers, freestanding emergency medical care facilities, and end stage dialysis facilities do not pay a plan review fee), to the Architectural Review Group (ARG). Submit via mail or overnight delivery to the following address. Note: no e-mail submittals will be processed.

Send copy of check with final plans, Application for Plan Review for overnight submittal. The original check and copy of the plan review application shall be “mailed with money” to the address below.

For mail with money or regular mail:  
Department of State Health Services  
Regulatory Licensing Unit  
Architectural Review Group  
Delivery Code 2835/MC2003  
PO Box 149347  
Austin, Texas 78714-9347

For overnight mail:  
Department of State Health Services  
The Exchange Building  
Architectural Review Group  
Delivery Code 2835  
8407 Wall Street – Suite S241  
Austin, Texas 78754

It is upon the discretion of the ARG to approve self-certification process.

Once the complete self-certification packet has been received, the self-certification form is reviewed for approval.

Upon self-certification approval, ARG will send the licensee/applicant an acknowledgement letter, which includes the approval to begin construction along with an Application for Inspection form. The facility or the architect is responsible for requesting an inspection of the project at the 80% and 100% stages of completion. Additional inspections may be required.

A non-approved self-certification packet, ARG will send the licensee/applicant an acknowledgement letter indicating the denial. The denial of the self-certification process will require the ARG to conduct a plan review of the submitted plans. Once an approved plan review has been completed, then an acknowledgement letter and an Application for Inspection form to commence construction will be sent to the licensee/applicant.

The department may conduct a plan review on an approved self-certified project.

The waiver provisions in §133.81, applicable only to Hospital Licensing Rules (25 Texas Administrative Code, Chapter 133), would not be granted for failure to adhere to the construction requirements contained in the Hospital Licensing Rules.

*The facility representative is the person or persons given the authority by the applicant/licensee to act as its representative, e.g. architect, engineer, facility staffer.
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
ARCHITECTURAL REVIEW GROUP

ARCHITECT/ENGINEER AND LICENSEE CERTIFICATION

Application #__________________

Name of Facility
_____________________________________________________________________________________________________

Location of Facility
_____________________________________________________________________________________________________

Name of Project
_____________________________________________________________________________________________________

1. The undersigned Architect and/or Engineer hereby certifies:
   - They have created the architectural and engineering plans and specifications attached hereto as Attachment 1 (the “plans”) regarding new building, new addition, renovation, alteration, modification, or conversion of an existing building for the referenced project;
   - The plans have been reviewed for compliance with Texas Department of State Health Services Hospital Licensing Rules (Title 25 Texas Administrative Code, Chapter 133), Freestanding Emergency Medical Care Facility Licensure Rules (Title 25 Texas Administrative Code, Chapter 131), End Stage Renal Disease Facilities (Title 25 Texas Administrative Code, Chapter 117), Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules (Title 25 Texas Administrative Code, Chapter 134) or with the Ambulatory Surgical Centers Licensing Rules (Title 25 Texas Administrative Code, Chapter 135);
   - To the undersigned’s knowledge, information and belief, the plans meet the requirements of the licensing rules in all material aspects.

Architectural Firm Name:  ____________________________________________________________________________________
Architect’s Stamp: By: __________________________________________________________________________________________
Date: ________________________________
Name and Title: ________________________________________________________________________________________________
Telephone number: (____) _____________________ Fax number: (____) _______________________

Engineer’s Firm Name:  _______________________________________________________________________________________
Engineer’s Stamp: By: __________________________________________________________________________________________
Date: ________________________________
Name and Title: ________________________________________________________________________________________________
Telephone number: (____) _____________________ Fax number: (____) _______________________

2. The undersigned Licensee/Applicant understands and agrees:
   - that notwithstanding the plan approval self-certification process undertaken pursuant to this and the accompanying documents, the Architectural Review Group (ARG) shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto;
   - the licensee/applicant has a continuing obligation to make any changes required by the ARG to comply with the licensing rules whether or not physical plant construction or alterations have been completed; and
   - the licensee/applicant is ultimately responsible for compliance with the hospital licensing statute, Health and Safety Code, Chapter 241, and the Hospital Licensing Rules, private psychiatric hospitals and crisis stabilization units statute, Health and Safety Code, Chapter 577, and, Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules, freestanding emergency medical care facility statute, Health and Safety Code 254, and Freestanding Emergency Medical Care Facility Licensure Rules, end stage renal disease facilities statute, Health and Safety Code, Chapter 25, and End Stage Renal Disease Facilities Rules, or with the ambulatory surgical centers licensing statute, Health and Safety Code, Chapter 243, and the Ambulatory Surgical Centers Licensing Rules, including fire protection, safety, and physical plant and construction requirements.

Facility Administrator/CEO or Designee Facility Staff Member:

Signature: __________________________________________________
Printed Name: __________________________________________________ Title: _________________________________________________
Mailing Address: ___________________________________________________________________________________________________________
Date: _______________________________ *Witness to Signature:* _______________________________

J:/arch/forms/self-certification 11-24-14