PROPOSED AMENDMENT

19 CSR 60-50.800 Meeting Procedures The committee is amending subsection (6)(F) and deleting section (8).

PURPOSE: The committee is amending this rule to include a CON form within the rule rather than incorporating it by reference.

(6) The committee may give the applicant and affected persons an opportunity to make brief presentations at the meeting according to the Missouri Health Facilities Review Committee Meeting Format and Missouri Health Facilities Review Committee Meeting Protocol. The applicant and affected persons shall conform to the following procedures:

(F) All presenters shall complete and sign a Representative Registration (Form MO 580-1869), included herein, and give it to the sign-in coordinator prior to speaking;

[(8) The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), October 1, 2009, and may be downloaded from http://health.mo.gov/information/boards/certificateofneed/forms.php, obtained by emailing a written request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

(A) Representative Registration (Form MO 580-1869).]


PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via e-mail at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.
Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Number</th>
</tr>
</thead>
</table>

(Please type or print legibly.)

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

Address (Street/City/State/Zip Code)

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

<table>
<thead>
<tr>
<th>Name of Individual/Agency/Corporation/Organization being Represented</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

Address (Street/City/State/Zip Code)

Check one. Do you:  
- ∆ Support  
- ∆ Oppose  
- ∆ Neutral  

Relationship to Project:  
- ∆ None  
- ∆ Employee  
- ∆ Legal Counsel  
- ∆ Consultant  
- ∆ Lobbyist  
- ∆ Other (explain):  

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.

Original Signature  
Date  

MO 580-1869 (11/01)