

**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 4/11/2019

Today's Date: 4/11/2019

Agency: Ohio Department of Health

Rule Number(s): Certificate of Need – 3701-12; Maternity Units and Homes – 3701-7

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If no comments at the hearing, please check the box. ☒

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Click here to enter text.
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## Hearing Summary Report

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Click here to enter text.

## Hearing Summary Report

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s).  
If no comments were incorporated, explain why not.

Click here to enter text.