



# Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

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## PHYSICIST LETTER OF CERTIFICATION

Date: 6/4/17

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NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure and Finance  
Bureau of Architectural and Engineering Review  
ESP, Coming Tower, 18<sup>th</sup> Floor  
Albany, New York 12237

Re: CON Project #: TBD  
Facility Name: MVHS (Mohawk Valley Health System)  
Facility Location: Bounded by Oriskany and Columbia Streets and Broadway and State Streets, Utica, NY 13501.  
Project Description: New Hospital Campus

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To the New York State Department of Health:

I certify that, as an employee or contractor of the above-named facility, it is my duty to design and prepare plans, sketches, and specifications relating to radiation protection for the facility. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2, and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the workload provided to me by the facility for the proposed equipment and sound radiation protection principles.

Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.

I attest that I have been authorized by the above named facility to make this certification.

*Jason R. Sherman*

Signature of Physicist

6/4/17

Date

Jason Sherman

Name of Physicist(Print)

MS, DABR

Degree(s) Certification

Upstate Medical Physics, Diagnostic Radiology, Medical Nuclear and Medical Health, P.C.  
1290 Blossom Drive Victor, NY 14564

Business Address

The undersigned applicant understands and agrees that, notwithstanding this certification, the Department of Health shall have continuing authority to: (a) review all plans, sketches, and specifications related to radiation protection for the facility to ensure compliance with the above-mentioned technical standards ;and (b) withdraw its approval of the application for failure to comply with such standards. I understand that I have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

*Sharon Palmer*

Authorized Signature for Applicant

6-7-17

Date

Sharon Palmer, Assistant Vice President, Facilities Services

Name (Print)

Title

*Notary signing required for the applicant*

STATE OF NEW YORK

County of Oneida

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) SS:  
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On the 7th day of June, 2017, before me personally appeared Sharon Palmer, to me known, who being by me duly sworn, did depose and say that he/she resides at [REDACTED] that he/she is the AVP, Facilities Services, of the Mohawk Valley Health System, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

MARGARET A. KEBLISH  
Notary Public, State of New York  
No. 01KE6029261  
Qualified in Oneida County  
Commission Expires 08/09/2017

Notary

*Margaret A. Keblish*

cc: Regional Office-OHSM