



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

**Non-Material Alteration (NMA) Change Form**

<b>NMA Number:</b>	<b>Facility ID Number:</b>	<b>Client Document Name:</b>	<b>Issue Date:</b>
<b>Facility Name and Address:</b>		<b>HCAI/OSHPD Project Name and Number:</b>	
<b>Subject of NMA Change:</b>		<input type="checkbox"/> <b>Contractor RFI</b> <input type="checkbox"/> <b>Field Condition</b> <input type="checkbox"/> <b>Owner Request</b> <input type="checkbox"/> <b>DPOR Revision</b> <input type="checkbox"/> <b>OIL Resolution</b>	<b>Attached Drawings/Sketches:</b>
<b>Description of NMA Change:</b> <div>If NMA is clearing outstanding item(s), provide details.</div>			
<b>AOR/EOR Stamp and Signature:</b> <i>Only required if not attaching drawings/sketches.</i>		<b>HCAI/OSHPD Concurrence and Date:</b>	
<b>Design Professional of Record</b> <i>By my signature below, I acknowledge that the documents for the submittal type above have been reviewed and have been found to be in conformance with CAC Section 7-153(b) and the design of the project.</i>			
<b>Signature of Architect or Engineer in Responsible Charge</b>			<b>Date:</b>