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BEFORE

THE PUBLIC UTILITIES COMMISSION OF OHIO

In the Matter of the Commission's)
Review of Chapters 4901:1-17 and)
4901:1-18, and Rules 4901:1-5-07,)
4901:1-10-22, 4901:1-13-11, 4901:1-15-17,) Case No. 08-723-AU-ORD
4901:1-21-14, and 4901:1-29-12 of the)
Ohio Administrative Code.)

ENTRY

The Attorney Examiner, in carrying out the authority granted by Rule 4901-1-14, Ohio Administrative Code (O.A.C.), finds:

- (1) On December 17, 2008, the Commission issued its finding and order in this case adopting new and amended rules in Chapters 4901:1-17 and 4901:1-18, O.A.C.
- (2) On December 22, 2008, an entry was issued regarding the appendices and forms referenced in the December 17, 2008 finding and order. Finding (2) of the December 22, 2008 entry stated as follows:

Because the rules are not yet effective, the referenced appendices and forms for Rule 4901:1-18-08, and for Rule 4901:1-17-03, have not been posted to the Commission's website.... Accordingly, a copy of the appendices and/or forms for Rules 4901:1-17-03 and 4901:1-18-08 should be served upon all interested persons who were served with a copy of the Commission's December 17, 2008 finding and order, and the referenced appendices and forms should be posted on the Commission's website.

- (3) Due to an inadvertent error, finding (2) should have stated:

Because the rules are not yet effective, the referenced appendices and forms for Rules 4901:1-18-08, 4901:1-17-03, and 4901:1-18-06, have not been posted to the Commission's website. However, making the appendices and forms available at this time will enable interested persons to have a better understanding of the requirements of the rules. Accordingly, a copy of the appendices and forms for Rules 4901:1-18-08, 4901:1-17-03, and 4901:1-18-06 should be served upon all interested persons who were served with a copy of the Commission's December 17, 2008 finding and order, and the referenced appendices and forms should be posted on the Commission's website.

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Technician BM Date Processed JAN 09 2009

appendices and/or forms for Rules 4901:1-17-03, 4901:1-18-06, and 4901:1-18-08 should be served upon all interested persons who were served with a copy of the Commission's December 17, 2008 finding and order, and the referenced appendices and forms should be posted on the Commission's website.

- (4) For this reason, a copy of the appendix for Rule 4901:1-18-06 should be served upon all interested persons who were served with a copy of the Commission's December 17, 2008 finding and order, and posted on the Commission's website.

It is, therefore,

ORDERED, That the Docketing Division post the appendix for Rule 4901:1-18-06 on the Commission's website. It is, further,

ORDERED, That a copy of this entry and appendix be served upon all commenters, electric distribution companies, gas or natural gas companies, the Office of the Ohio Consumers' Counsel, and any other interested persons of record.

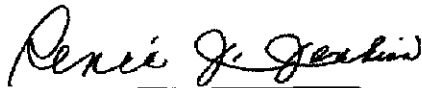
THE PUBLIC UTILITIES COMMISSION OF OHIO

By: 
Janet K. Stoneking
Attorney Examiner

geg
/ct

Entered in the Journal

 JUN 08 2009



Renee J. Jenkins
Secretary

30-Day Medical Certification

(Name of Utility Company)

Instructions:

The following is to be completed by a licensed medical professional and only after you, or someone in your office, has examined the individual whose name appears as the patient on the form below. This form applies only in situations where, in your professional opinion, termination of (gas/electric) utility service would be especially dangerous to the health of that individual. If, in your professional opinion an especially dangerous situation does not exist, please do not sign this form.

If you have any questions regarding this form, please contact: (utility company name and phone number). You may fax the completed form to us at (fax number).

I certify that, to the best of my knowledge, the information provided below is true.

The following medical information must be certified by one of the following. Please indicate if you are a:

- | | |
|--|--|
| <input type="checkbox"/> licensed physician | <input type="checkbox"/> physician assistant |
| <input type="checkbox"/> clinical nurse specialist | <input type="checkbox"/> certified nurse practitioner |
| <input type="checkbox"/> certified nurse-midwife | <input type="checkbox"/> local board of health physician |

Please complete the following. Please print.

I certify that my patient has been examined by me and I have found the following to be true:

Name of patient: _____

The patient suffers from the following medical condition: _____

If applicable: My patient uses the following medical or life-supporting equipment: (Please provide an explanation of need for and a description of the medical or life-supporting equipment used by patient.) _____

Patient's permanent residence: (street address) _____
(city, state, zip code) _____

I certify that I advised my patient that disclosure of the requested information may be subject to redisclosure by the recipient and no longer be protected by the HIPAA rules and regulations.

In my professional opinion, I certify that termination of (gas/electric) utility service would be especially dangerous or life-threatening to the health of this patient.

Authorized Signature _____

Date _____

(Please Print)

Name of Licensed Medical Professional _____

Business Address _____

Business Telephone _____

Current State License or Certificate Number: _____