



Washington State Department of
HEALTH
 Hospital Credentialing
 PO Box 47877
 Olympia, WA 98504-7877

Acute Care Hospital Additional Sites

Complete only if the hospital has additional building sites that are not located on the main facility campus. Sites may include provider based clinics.

[42 CFR 413.65](#), requires that provider based clinics will be operated under the hospital license unless the state requires additional licensing. Washington State does not require a separate license for provider based clinics therefore they should be listed under the hospital license.

Facility/Building Name _____

Site Address _____

DOH Construction Review (CRS) approved? Yes No CRS approval # _____

Is this a free standing emergency department? Yes No

Is this an Urgent Care Facility? Yes No

Check all services and indicate number of beds or Stations for each service provided for the address above.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol and Chemical Dependency
_____ # of beds | <input type="checkbox"/> Infant Care / Nursery
<input type="checkbox"/> Intensive/Critical Care | <input type="checkbox"/> Outpatient
<input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Anesthesia and Recovery | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Medical Unit(s) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Cardiac Care Open heart - adult | <input type="checkbox"/> Neonatal—Level 2
_____ # of bassinets | _____ # of PPS exempt beds
<input type="checkbox"/> SNF/Long Term Care |
| <input type="checkbox"/> Cardiac Care Open heart - pediatric | <input type="checkbox"/> Neonatal—Level 3
_____ # of bassinets | _____ # of beds
<input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cardiac Care Elective PCI - adult | <input type="checkbox"/> Neonatal—Level 4
_____ # of bassinets | _____ # of PPS exempt beds
<input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Cardiac Care Elective PCI - pediatric | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Oncology | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Organ Transplant - Adult
Type _____ | <input type="checkbox"/> Organ Transplant - Peds
Type _____ |
| <input type="checkbox"/> Emergency | | |
| <input type="checkbox"/> Food and Nutrition | | |
| <input type="checkbox"/> Imaging/Radiology | | |

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