



Certificate of Need Program
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Olympia WA, 98504-7852
360-236-2955

Ambulatory Surgical Exemption Application Instructions

General Instructions:

- Number **all** pages consecutively
- Make the narrative information complete and to the point.
- If any sections are not large enough to contain your response, please attach additional pages as necessary. Ensure that any attached pages are clearly labeled with the applicable question or section.

If any of the documents provided in the form are in draft format, a draft is acceptable only if it includes the following elements:

- identifies all entities associated with the agreement,
- outlines all roles and responsibilities of all entities,
- identifies all costs associated with the agreement, and
- includes all exhibits that are referenced in the agreement.
- any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.
- **Do not skip any questions. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.