



Certificate of Need Program
PO Box 47852
Olympia WA, 98504-7852
360-236-2955

Purchase of Part or All of a Hospital Instructions

The department will use the information in your application to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. (RCW 78.38.115, WAC 246-310-210, WAC 246-310-220, WAC 246-310-230, and WAC 246-310-240.)

General Instructions:

- Include a table of contents for major application sections and appendices
- Number all pages consecutively
- Make the narrative information complete and to the point
- Cite all data sources
- Provide copies of articles, studies, etc., cited in the application
- Provide detailed descriptions of assumptions used for all projections
- Use non-inflated dollars for all cost projections
- Do not include a general inflation rate for these dollar amounts.
- Do include current contract cost increases such as union contract staff salary increases. You must identify each contractual increase in the description of assumptions in the application
- Do not include a capital expenditure contingency

If you have questions, call (360) 236-2955

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.