



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

Nursing Home Alternative Use Bed Banking Certificate of Need Instructions

The Certificate of Need (CN) Program 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. Revised Code of Washington ([RCW](#)) [70.38](#) and Washington Administrative Code ([WAC](#)) [246-310](#).

General Instructions:

- 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.
- Under no circumstance should your application contain any patient identifying information.
- **Do not skip any questions in this application. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.**

Certificate of Need Program Office 360-236-32955 or CN@doh.wa.gov.

Certificate of Need Contact Information:

Mailing Address:
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Certificate of Need Program
P.O. Box 47852
Olympia, Washington 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road S.E.
Tumwater, Washington 98501

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.