



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.

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

Alternative Use Bed Banking Modification Proposed Bed Banking Table

Please complete the table for the modifications to the beds banked. Note that the purpose of the bed banking must be consistent with alternate uses outlined in [RCW 70.38.111\(8\)\(a\)](#) and [WAC 246-310](#).

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Change In Proposed Bed Banking	# of Beds Remaining in Room (if any)

By submitting this modification notice, I understand that the modification of the bed/room use does not change the expiration date of either the initial bed banking approval or any extension.