Washington State Department of Health

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Certificate of Need Application
Ambulatory Surgical Facilities
Ambulatory Surgery Centers

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and WAC 246-310, rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Name, Title, and Signature of Responsible Officer: Renee Jensen, Chief Executive Officer Renee K Jensen Dated: October 31, 2025	Phone Number: 425-831-3591 Email Address: reneej@snoqualmiehospital.org
Legal Name of Applicant: King County Public Hospital District No. 4, dba, Snoqualmie Valley Health. Address of Applicant: 9801 Frontier Avenue SE Snoqualmie, WA 98065	Number of Operating Rooms requested – include procedure rooms: 4 Estimated Capital Expenditure: $25,012,000

Identify the Planning Area for this project as defined in WAC 246-310-270(3):

East King Secondary Health Services Planning Area