
This Section to be filled out by Provider or Region

Today's Date

Copy Region:

Contact's Name:

Contact's Email:

Name of Provider or Region:

Provider Address, City, State and Zip*

Phone Number* (area code)

206 NAC 3-005 ALTERNATIVE COMPLIANCE: Request with a regulation in Chapters 4 through 7.

Purpose for this Request: All conditions below must be addressed.

Documentation of how this alternative compliance with the above regulation would **enhance quality:**

Documentation of how this alternative compliance with the above regulation would **enhance accessibility:**

Documentation of how this alternative compliance with the above regulation would **enhance public safety:**

Documentation of how this alternative compliance with the above regulation would **enhance cost effectiveness:**

Steps that will be taken to support future compliance:

Governance Approval Letters must be attached with the request before request is considered (Both Are Required).

I have attached a signed letter from our **Provider's** Governing Board requesting Alternative Compliance (Check if Region is Provider)

I have attached a signed letter from our **Region's** Governing Board requesting Alternative Compliance

Signature

This section for DBH use only:

This Request for Alternative Compliance as written above has been **APPROVED.**

This Request for Alternative Compliance as written above has been **DENIED.**

Comments:

After submission save PDF and email to DHHS and the Region emails listed above along with all required documentation attached.