



Washington State Department of  
**HEALTH**  
 Behavioral Health Agency (BHA)  
 Credentialing  
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Date  
 Stamp  
 Here

## Hospital BHA Additional Site Form

Complete this form if you are adding or removing an additional site under a main hospital BHA license. This form should be completed by the main hospital BHA and submitted after the additional site has been added under the hospital license.

Select One:  Adding Additional Site  Removing Additional Site

### 1. Demographic Information

Main Hospital BHA License #

Hospital License #

Physical Address of Additional Site

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)

Fax (enter 10 digit #)

### 2. Clinical Supervisor and Contact Person Information

Clinical Supervisor Name

Clinical Supervisor Phone

Clinical Supervisor Email

Contact Person Name

Contact Person Phone

Contact Person Email

**3. Administrator Acknowledgement** (to be completed by administrator or designated official.)

This additional site recorded above will operate under the approved administrator of the main hospital BHA license provided on this form. Operating under a different administrator will require this site to apply for a BHA branch site license.

Initials	Date
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This additional site recorded above will provide services approved under the main hospital BHA license provided on this form. Providing services that are not approved under the main hospital BHA will require this site to apply for a BHA branch site license or amend the main hospital BHA license to add the new services.

Initials	Date
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**4. Signature**

The information contained on this form is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of administrator or designated official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title