

**This Section to be filled out by Provider or Region**

Today's Date

Send to Region:

Name of Provider:

Provider Contact:

Provider Email:

Provider Address, City, State and Zip\*

Provider Phone Number\* (area code)

**206 NAC 2-002. ALTERNATIVE COMPLIANCE:** Request with any standards or compliance procedures in Title 206.

**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 or sent before request will be considered complete. (Both are Required).

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

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

**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 the Region's email addresses listed above along with all required documentation attached.  
The Region will submit the completed application with attachments to DBH.