

# STATE OF ALASKA

FRANK H. MURKOWSKI, GOVERNOR

## DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

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November 22, 2006

Lisa Wolf  
Director of Planning  
Providence Alaska Medical Center  
P.O. Box 196604  
Anchorage, Alaska 99519-6604

Dear Ms. Wolf:

This letter is to advise you that today I have declared Alaska Regional Hospital's Certificate of Need application for an Interventional Neuroradiology Suite complete. Therefore in accordance with 7 AAC 07.042(2)(B) Providence Alaska Medical Center must now submit a full Certificate of Need application no later than January 21, 2007.

If you have any questions, please contact David Pierce, Certificate of Need Coordinator, at [david\\_pierce@health.stat.ak.us](mailto:david_pierce@health.stat.ak.us) or (907) 465-3001, or Brenda Knapp, Certificate of Need Planner, at [brenda\\_knapp@health.state.ak.us](mailto:brenda_knapp@health.state.ak.us) or (907) 465-8616.

Sincerely,



Karleen K. Jackson, Ph.D.  
Commissioner