



Health Facility Licensing & Certification Program

REQUEST FOR WAIVER FROM STAKEHOLDER

OAR Rules 333, Divisions 27, 71, 76, 500 through 536, and 700
(This form is for Stakeholder use.)

PR # (if known): _____
Facility/Agency: _____
Project Name: _____
Project Address: _____

1. Individual requesting waiver:

Name: _____
Title: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

2. Oregon Administrative Rule(s) requesting to be waived:

Rule Number(s): _____
Rule text: _____

3. Alternative solution proposed: (Please see instructions below.)



Waiver Instructions

All requests for an exception to an Oregon Administrative Rule must be submitted in writing.

If your request for waiver is related to new building construction and/or a remodeling project, please submit your completed *Request for Waiver* to our Facilities Planning and Safety unit at mailbox.fps@state.or.us. You may contact this unit by phone at (503) 373-7201.

All other completed *Requests for Waiver* should be submitted to our main office at mailbox.hcl@state.or.us. You may contact the Health Facility Licensing and Certification Program by phone at (971) 673-0540.

Please note the following when completing your *Request for Waiver*:

1. Identify the specific Oregon Administrative Rule(s) for which a waiver is requested.
2. Identify the special circumstances relied upon to justify the waiver.
3. Describe how the proposed waiver will maintain or enhance patient health and safety. Solutions should include consideration of individual and aggregate patient needs.
4. Identify the proposed duration of the waiver.

This office will respond in writing to all written *Requests for Waiver*. Please note that the applicable Oregon Administrative Rules are binding in full until and unless a written waiver has been granted by this office.