

Traditional Health Worker Training Program Temporary Waiver Request

Under special circumstances, training program applicants may optionally request a temporary waiver from a training program requirement. A training program may not act on or implement a waiver until it has received written approval from OHA.

Rule

What is the specific training program rule for which a waiver is requested? Reference the specific OAR section and subsection(s) (required, 50 words).

Example: OAR 333-002-0370, Section 1(w), "Health Across the Life Span." The rules are found at https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=FI2R91RVAV14JrRncTTp8wodrircTZS2UNLLoewlZhcZzGW6_Skr!-366806124?ruleVrsnRsn=301069.

Need

Identify the special circumstances that necessitate the application for a waiver (required, 150 words):

Justification

Explain how the proposed waiver is desirable to maintain or improve the training of THWs (required, 200 words):

Alternatives considered

Describe alternatives that were considered, if any, and why alternatives, including compliance, were not selected (required, 150 words):

Duration

What is the proposed duration of the waiver (not to exceed one academic year)?

Start date: _____ End date: _____

Signature

I understand that when this waiver expires, the training program must demonstrate full compliance with OAR 950-060-0100 through 950-060-0150 to maintain OHA approval.

I certify that all the information contained in this waiver is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the waiver or revocation of training program approval

Authorized agent's signature and date

Submission

Email this waiver request to THW.Program@odhsoha.oregon.gov.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact THW.Program@odhsoha.oregon.gov.