



Health Care Facility Exemption Request

Administrative Requirements for Health Profession Student Clinical Training [Oregon](#)

[Administrative Rules 409-030-0100](#) - OAR 409-030-0150(2)

Requestor information:

Name	
Title	
Email	
Phone	
Organization (e.g., name of clinical facility or health profession program)	
Date of request	

Clinical facility or health system information:

Name of clinical facility	
Mailing address of clinical facility	
Are there additional locations for this clinical facility that will be included in this request? Please describe.	

Which student disciplines are to be included in this exemption request? (e.g., “all” “all except pharmacy students” “only OT”)	
Contact information of student supervisor or manager on-site at clinical facility: name, email, phone	

Pre-employment documentation

Please indicate below whether or not the clinical facility requires newly hired, non-student employees to provide evidence or documentation of completion of each element below prior to employment at the facility. Mark Yes or No in each row.

If the facility does not require newly hired, non-student employees to complete a particular requirement, the student undergoing clinical training at that facility will not have to complete that requirement either. All other requirements will still be necessary.

Immunizations	REQUIRED for newly hired, non-student employees	NOT required for newly hired, non-student employees
Tetanus, diphtheria, pertussis (Tdap)		
Hepatitis B (Hep B)		
Varicella		
Measles, mumps and rubella (MMR)		

Screenings	REQUIRED for newly hired, non-student employees	NOT required for newly hired, non-student employees
Tuberculosis (TB)		
Substance Abuse		
Criminal Background Check		

Trainings	REQUIRED for newly hired, non-student employees	NOT required for newly hired, non-student employees
CPR/Basic Life Support (BLS) for healthcare providers		
Bloodborne Pathogen training (OSHA)		
OSHA-recommended safety guidelines, including: Fire and electrical safety; Personal protective equipment; Hazard communications; and Infection prevention practices		

Affidavit: must be signed by a representative of the clinical facility prior to submission of form.

I personally attest that the information listed in this form is true and correct to the best of my knowledge.

Signature / Printed Name / Date

Please return pages 1-3 to:

Health Care Workforce Initiatives
RE: Health Care Facility Exemption Request
Barbara Roberts Human Services Building
500 Summer Street NE, E-65
Salem, OR 97301

Or scan a copy of the signed form and email to: Clinical.TrainingReq@odhsoha.oregon.gov

Exemption requests will be processed within 30 days and the clinical facility and/or the health profession program will be notified of the decision. If granted, an exemption will be valid for a period of three years from the date of request.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Profession Student Clinical Training Standards at Clinical.TrainingReq@odhsoha.oregon.gov or 503-385-3075. We accept all relay calls.

Health Policy and Analytics
Office of Health Policy
Portland State Office Building
800 NE Oregon St., Suite 772, Portland OR 97232
503-385-3075

Clinical.TrainingReq@odhsoha.oregon.gov
[Health Profession Student Clinical Training Standards](#)

