# Health Care Facility Exemption Request

Administrative Requirements for Health Profession Student Clinical Training [Oregon Administrative Rules 409-030-0100](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_409/409_030.html)

*OAR 409-030-0150(2): Clinical facilities that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030- 0170 through 409-030-0240 for students performing clinical placements at that site. For example, a clinical placement site that does not require regular employees to take a drug screen prior to being hired may request exemption from the section of these rules that require students to take a drug screen prior to being placed at that clinical site. However:  
(a) All exemptions must be documented with the Authority prior to implementation of the exemption; and  
(b) Clinical placement sites may only request exemptions from the specific category or section of these rules in which their requirements for newly-hired non-student employees are less (such as immunizations, screenings, trainings or other listed in Table 1). Clinical placement sites with an exemption to a specific category of the administrative requirements must still comply with all other sections of these rules.*

***This form is intended for use by educational institution faculty or clinical site staff to request exemptions for a clinical site hosting student clinical rotations. Please contact the institutions you are affiliated with to submit this form to the Oregon Health Authority if you do not fit this description.***

|  |  |
| --- | --- |
| Your Name | Click or tap here to enter your name. |
| Title | Click or tap here to enter your title. |
| Email | Click or tap here to enter your email. |
| Phone | Click or tap here to enter your phone. |
| Your organization (e.g., name of clinical facility or health profession program) | Click or tap here to enter your organization. |
| Date of request | Click or tap here to enter the date of this request. |

# The information in this form is relevant only to the following clinical facility or health system:

|  |  |
| --- | --- |
| Name of clinical facility | Click or tap here to enter name of clinical facility. |
| Mailing address of clinical facility | Click or tap to enter mailing address of clinical facility. |
| Are there additional locations for this clinical facility that will be included in this request? Please describe. | Click or tap here to enter additional locations for this clinical facility that will be included in this request. |
| Which student disciplines are to be included in this exemption request? (e.g., “all” “all except pharmacy students” “only OT”) | Click or tap here to enter student disciplines to be included in this exemption request. |
| Contact information of student supervisor/manager on-site at clinical facility | Name: Click or tap to enter student supervisor name. |
| Email: Click or tap to enter student supervisor email. |
| Phone: Click or tap to enter student supervisor phone. |

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. 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:** |  |
| * Tuberculosis (TB) |  |  |
| * Substance Abuse |  |  |
| * Criminal Background Check |  |  |
| **Trainings:** |  |
| * CPR/Basic Life Support (BLS) for healthcare providers |  |  |
| * Bloodborne Pathogen training (OSHA) |  |  |
| * OSHA-recommended safety guidelines, including the following: |  |  |
| *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 this form.

*Please return pages 1-3 to:* Office of Delivery System Innovation

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

x Type your name here. Enter date

Signature Printed Name Date

RE: Health Care Facility Exemption Request

500 Summer St. NE

Salem, OR 97301

Or scan a copy of the signed form and email to: [clinical.trainingreq@oha.oregon.gov](mailto:clinical.trainingreq@state.or.us)

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.