

Application OAR 411-85-0040(1): While all nursing facilities are required to maintain compliance with the Department's rules these requirements do not prohibit the use of alternative concepts, methods, procedures, techniques, equipment, facilities, personnel qualifications, or the conducting of pilot projects or research.

Requests to waiver rules must be submitted in writing to Aging and People with Disabilities (APD). Email is the preferred method to submit request. Answer each question and submit form to [NF.Licensing@state.or.us](mailto:NFLicensing@state.or.us) or mail to APD, Nursing Facility Licensing P.O. Box 14530, Salem, Oregon 97309.

Facility/agency: _____

1. Individual requesting waiver: _____
 Name: _____
 Title: _____
 Phone: _____ Cell: _____
 Email: _____
2. Oregon Administrative Rule(s) requesting to be waived:
 Rule number(s): _____
 Rule text: _____
3. Describe the special circumstances relied upon to justify the waiver:

4. Describe what alternatives were considered, if any and why alternatives
 (including compliance) were not selected:

5. Demonstrate that the proposed waiver is desirable to maintain or improve the quality of care for residents, maintain or improve resident potential for self-direction and self-care and is not going to jeopardize resident health and safety:

6. Identify the proposed duration of the waiver:

Applicant's signature: *(Applicant must have legal authority to sign on behalf of the facility/agency or project sponsor.)*

Signature: _____ Date: _____

The office will respond in writing to all written waiver requests. Please note that the applicable Oregon Administrative Rules are binding in full until and unless a written waiver has been granted by APD, Nursing Facility Licensing.