

PUBLIC HEALTH DIVISION, Center for Health Protection Health Care Regulation and Quality Improvement Section Health Facility Licensing and Certification Program





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REQUEST FOR NURSE STAFFING WAIVER FROM STAKEHOLDER

OAR Chapter 333, Division 510, Rule 0110 (This form is for Stakeholder use.)

Hospital Address:				
1.	Individual requesting waiver: CNO/CNE:			
2.	Oregon Administrative Rule(s) requesting to be waived: Rule Number(s): Rule text:			

3. Alternative solution proposed:

4. Days and times when the alternative solution proposed will govern unit staffing: 5. Description of situations during the specified days and times when the alternative solution proposed would not govern unit staffing: (examples may be based on patient census, acuity, etc.) 6. Description of training and experience of any staff members who would provide direct care in place of nursing staff members when the alternative solution proposed will govern unit staffing: 7. Is BLS or ACLS certification required for this position? • Yes • No

8. Narrative justification for the request. (Please explain why waiver is necessary to ensure that the hospital is staffed to meet the health care needs of its patients, attach additional pages as necessary.)

- 9. Date the Hospital Nurse Staffing Committee was informed of the waiver request:
- 10. Applicable professional standards that support the alternative solutions posed:

11.	CNO/CNE's signature	
	Signature Printed Name	_ Date

Nurse Staffing Waiver Instructions

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

Completed *Requests for Waiver* should be submitted to our main office at <u>mailbox.nursestaffing@odhsoha.oregon.gov</u>. You may contact the Health Facility Licensing and Certification Program by phone at (971) 673-0540.

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.