



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



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REQUEST FOR NURSE STAFFING WAIVER FROM STAKEHOLDER

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

Facility/Agency: _____

Hospital Address: _____

Unit: _____

1. Individual requesting waiver:

CNO/CNE: _____

Title: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

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

11. CNO/CNE's signature

Signature _____ **Date** _____

Printed Name _____

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 mailbox.nursestaffing@state.or.us. 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.