



Survey & Certification Unit

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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: Title: Address: Phone: Cell: Email:			
2.	Oregon Administrative Rule(s) requesting to be waived: Rule Number(s):			

Alternative solution proposed:			
Days and times when the alternative solution proposed will govern unit staffing:			
Description of situations during the specified days and times when the alternative solution proposed would not govern unit staffing: (examples m			
alternative solution proposed would not govern unit staffing: (examples m			
alternative solution proposed would not govern unit staffing: (examples m			
alternative solution proposed would not govern unit staffing: (examples me based on patient census, acuity, etc.) Description of training and experience of any staff members who would			
alternative solution proposed would not govern unit staffing: (examples me based on patient census, acuity, etc.) Description of training and experience of any staff members who would provide direct care in place of nursing staff members when the alternative			
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	Date the Hospital Nurse Staffing Committee was informed of the waiver request:
/	Applicable professional standards that support the alternative solutions
	posed:

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11. C	CNO/CNE's signature				
S	signature	Date			
Р	rinted 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@odhsoha.oregon.gov. 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.