



Health Facility Licensing & Certification Program

REQUEST FOR WAIVER FROM STAKEHOLDER

OAR Rules 333, Divisions 27, 71, 76, 500 through 536, and 700
(This form is for Stakeholder use.)

PR # (if known): _____
Facility/Agency: _____
Project Name: _____
Project Address: _____

1. Individual requesting waiver:

Name: _____
Title: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

2. Oregon Administrative Rule(s) requesting to be waived:

Rule Number(s): _____
Rule text:

3. Alternative solution proposed: (Please see instructions below.)

4. Narrative justification for the request. This section must contain:

- The special circumstances relied upon to justify the waiver;
- What alternatives were considered, if any and why alternatives (including compliance) were not selected; and
- Information demonstrating that the proposed waiver is desirable to maintain or improve the health and safety of the patients, to meet the individual and aggregate needs of patients, and shall not jeopardize patient health and safety. (attach additional pages as necessary)

5. Equity Impacts (This question is only required for hospital requests and does not apply to Facilities Planning & Safety waiver requests) This section must contain a description of:

- Possible impacts that the proposed waiver may have on persons from different backgrounds and cultures, including but not limited to individuals of color, individuals with disabilities, individuals with limited English proficiency, people or households with lower incomes, and individuals who identify as lesbian, gay,



bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary, or another minority gender identity or another sexual orientation;

- How the impact was determined; and
- Proposed steps to mitigate the impact on disproportionately affected populations; (attach additional pages as necessary)

6. Proposed duration of waiver _____

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

Signature _____ **Date** _____

Printed Name _____

Waiver Instructions

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

Submissions:

- New building construction and/or a remodeling projects:
Facilities Planning and Safety
mailbox.fps@odhsoha.oregon.gov.
(503) 373-7201.
- All other requests:
Health Facility Licensing & Certification
mailbox.hclc@odhsoha.oregon.gov
(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.