Health Facility Licensing and Certification Program

Request for Waiver

OAR Rule 333, Divisions 27, 71, 76, 500 through 536, and 700

PR# (if known): _____

Facility/Agency: _____

Project Name: _____

Project Address: _____

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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:

Attach additional pages as necessary.

4. Narrative justification for the request:

Attach additional pages as necessary. This section must contain:

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

5. Equity Impacts

(This section is only required for hospital waiver requests and does not apply to Facilities Planning and Safety waiver requests):

Attach additional pages as necessary. This section must contain a description of:

- Possible impacts that the proposed waiver may have on individuals from different backgrounds and cultures, including but not limited to persons of color, persons with disabilities, persons 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;
- Proposed steps to mitigate the impact on disproportionately affected populations.

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 to waive an Oregon Administrative Rule (OAR) must be submitted in writing using this form.

- **New building construction and/or remodeling projects, submit to:**
  Facilities Planning and Safety (FPS)
  mailbox.fps@odhsoha.oregon.gov
  Phone: 971-673-0540
- **All other requests, submit to:**
  Health Facility Licensing and Certification (HCLC)
  mailbox.hclc@odhsoha.oregon.gov
  Phone: 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 unless and until a written waiver has been granted by this office.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Facility Licensing and Certification program at mailbox.hclc@odhsoha.oregon.gov or 971-673-0540. We accept all relay calls.

Public Health Division
Health Facility Licensing and Certification
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Portland, OR 97232
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OREGON HEALTH AUTHORITY