

Survey and Certification Unit
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REQUEST FOR HOSPITAL STAFFING WAIVER FROM STAKEHOLDER
ORS Title 36, Chapter 441, Statute 778
(This form is for Hospital use.)

Facility/Agency: _____

Hospital Address: _____

Unit: _____

1. Select the type of hospital staffing waiver requested:

Nurse Staffing Professional/Technical Staffing Service Staffing

2. Individual requesting waiver:

CNO/Hospital Administrator: _____

Title: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

3. Oregon Revised Statute Number(s) requesting to be waived:

Statute Number(s): _____

Statute text:

4. Alternative solution proposed:

5. Days and times when the alternative solution proposed will govern unit staffing:

6. 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).

7. Date the Hospital Staffing Committee was informed of the waiver request:

8. Applicable professional standards that support the alternative solutions proposed:

9. CNO/Hospital Administrator's signature

Printed Name _____ **Date** _____

Signature _____

Hospital 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 and Oregon Revised Statutes are binding in full until and unless a written waiver has been granted by this office.