



WAIVER REQUEST FORM
Health Care Facility (Hospital)

DPH – DHCFLC, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT TO BE WAIVED.

Health Care Facility's (Hospital) Licensed Name

MA DHCFLC Hospital License Number

Address, including zip code

MA Controlled Substance Registration

Name, if Hospital/Clinic Satellite

Address, including zip code

Request of Waiver of Requirements of 105 CMR 722.080 or 105 CMR 722.090

Explain the emergency and how it affects public health and safety (include expected duration of emergency situation):

Explain how complying with current regulation(s) (Citation _____), as written, is/are a barrier to alleviating the emergency situation:

Health Care Facility's (Hospital) Licensed Name

MA DHCFLC Hospital License Number

Explain how the waiver will enable the facility to address the emergency situation:

Assurance of hospital that granting of the waiver WILL NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY (include national and professional standards implemented for ensuring safety, sterility, quality of pharmaceutical):

Assurance of hospital that granting of the waiver WILL NOT JEOPARDIZE SECURE TRANSPORT OF PHARMACEUTICAL AND DRUG SUPPLIES (include description of drug transportation):

MA Schedule VI Controlled Substance(s) Included in the Waiver

List: _____

Health Care Facility's (Hospital) Licensed Name

MA BHCQ Hospital License Number

I HEREBY REQUEST THAT THE DEPARTMENT OF PUBLIC HEALTH WAIVE COMPLIANCE WITH REGULATION :

105 CMR _____

FACILITY AUTHORIZED REPRESENTATIVE:

Name: _____

Title: _____

Mailing: _____

Tel #: _____

Signature: _____

FACILITY CLINICAL REPRESENTATIVE:

Name: _____

Title: _____

Mailing: _____

Tel#: _____

Signature: _____

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: _____ / ___ / ___ Approved Approved w/Conditions Denied

Reviewed by: _____ / ___ / ___ Approved Approved w/Conditions Denied

CONDITIONS:

WAIVER TERMS END DATE:

EXTENSIONS:

END DOCUMENT