

Ohio Mental Health and Addiction Services

Licensure and Certification

30 E Broad Street, Suite 742

Columbus, Ohio 43215

Inpatient Psychiatric Service Provider

Request for Waiver(s) and Variance(s) 5122-14-01

Date:

License No.: 07-

Facility Name:

Facility Address: Facility County:

Upon the receipt of a written request for a waiver or variance that provides a **clear and valid statement** of need, the department in its discretion may grant a waiver or variance for a period of time determined by the department but that shall not exceed the expiration date of the current license.

Variance Request:
 "Variance" means permission granted by the director or designee in writing to an inpatient psychiatric service provider to change the conditions or specific requirements of a rule.

Waiver Request:
 "Waiver" means permission granted by the director or designee in writing to an inpatient psychiatric service provider to be exempted from the conditions of specific requirements of a rule.

Please site the **specific** section of the licensure [Rules or Certification Standards](#) for which the waiver/variance is requested, (e.g., Section 5122-14-12(K)) of the Administrative Rules for Licensure of Private Inpatient Psychiatric Service Providers.

Rule/Certification No.	Rule or Certification Standard
<input type="text"/>	<input type="text"/>
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Please document the rationale and need for the request for the variance/waiver. Include pertinent documentation which assures that the quality of service and client safety will not be compromised if the request is approved:

Please indicate the time frame you are requesting for duration of the waiver/variance:

Please list any consequences which would result if your request is not approved:

Name of Person Making the Request

Title

Date

Signature