



**REQUEST FOR WAIVER OF LICENSING  
RULE OR CONSTRUCTION STANDARD**  
 NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN  
 SERVICES LIFE SAFETY AND CONSTRUCTION  
 SFN 19751 (09-2022R)

**INSTRUCTIONS: Complete one form for each waiver you are requesting. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. The granting of a waiver does not mean the requirement has been met. Your facility will be considered deficient until the requirement has been met.**

Name of Facility		Type of Facility	Hospital Nursing Facility Basic Care Facility
Street Address	City	State	ZIP Code

**In order to consider your request for waiver, a satisfactory response to the four criteria below is required.**

1. Identify the state rule or construction standard relevant to this request for waiver:	
2. Provide evidence that compliance with the requirement will result in an unreasonable hardship:	
3. Describe how the facility will assure the health and safety of the residents/patients until the condition has been corrected:	
4. Describe the action plan to resolve the condition which requires the waiver, including an anticipated date the condition will be resolved. Include any interim measures to address the intent of the licensing rule or construction standard:	
Signature of Administrator:	Date:

**FOR OFFICE USE ONLY**

Comments		Send This Completed Form To: North Dakota Department of Health and Human Services Life Safety & Construction Unit 1720 Burlington Dr, Ste A Bismarck ND 58504-7736
For Period Of ___ / ___ / ___ to ___ / ___ / ___		
Signature	Date	