REQUEST FOR WAIVER OF LICENSING RULE OR CONSTRUCTION STANDARD
HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION
SFN 19751 04-2026

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.

Facility Name_____

Email Address_____

Street Address_____

City _____ State_____ Zip_____

Type of facility Hospital ☐ Nursing Facility ☐ Basic Care ☐

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

Identify the state rule or construction standard relevant to this request for waiver

Provide evidence that compliance with the requirement will result in unreasonable hardship

Describe how the facility will assure the health and safety of the residents/patients until the condition has been corrected

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

From_____ to_____

Signature _____

Date _____

Send this completed form to
Health and Human Services
Life Safety and Construction
1720 Burlington Drive, Suite A
Bismarck, ND 58504-7736