

PROGRAM  
LICENSE NO. \_\_\_\_\_

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
Bureau of Health Systems  
Division of Licensing & Certification  
Substance Abuse Licensing Section

**PROGRAM REQUEST FOR WAIVER OF SUBSTANCE ABUSE  
LICENSING RULE(S)**

1. Cite specific rule number and rule for which you request a waiver.
  
2. Why are you unable to comply with this rule?
  
3. How will waiver of this rule affect services to your clients?
  
4. Your program’s governing authority must review and approve this waiver request. Attach documentation of their approval and indicate the date the action was taken.

Date governing authority approved waiver request. \_\_\_\_\_

5. Will approval of this waiver in any way endanger the health, safety, or welfare of a client or recipient of services?

NO       YES – INDICATE IN WHAT MANNER

6. Will approval of this waiver make your program in non-compliance with any other local, state or federal rules or regulations?

NO       YES – INDICATE THE RULE OR REGULATION AND ITS SOURCE

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I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ON THIS REQUEST IS TRUE AND ACCURATE

\_\_\_\_\_  
Program Director’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governing Authority Representative Designee’s Signature

\_\_\_\_\_  
Date