

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
Substance Abuse Program
P.O. Box 30670
Lansing, MI 48909
(517) 241-1970

Authority: P.A. 368 of 1978, as amended and R 325.14101-R 325.14928

APPENDIX A

Program License Number:

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? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES – Indicate the rule or regulation and its source				
CERTIFICATION				
I hereby certify that the information supplied on this request is true and accurate.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Program Director's Signature</td> <td style="width: 40%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Governing Authority Representative Designee's Signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>	Program Director's Signature	Date	Governing Authority Representative Designee's Signature	Date
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