

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Facilities Division
Substance Abuse Program
 P.O. Box 30664
 Lansing, MI 48909
 (517) 241-1970

Program License Number:

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

**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

CERTIFICATION

I hereby certify that the information supplied on this request is true and accurate.

_____	_____
Program Director's Signature	Date
<i>(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)</i>	

_____	_____
Governing Authority Representative Designee's Signature	Date
<i>(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)</i>	