

BUREAU OF HEALTH FACILITY LICENSING, CERTIFICATION AND RESIDENT ASSESSMENT

File No. _____

REQUEST FOR AGENCY ACTION/VARIANCE APPLICATION
For Background Clearance

In accordance with Title 26, Chapter 21, Utah Code Annotated and Rule 432-2-18, Utah Department of Health Rules for health care facilities, a request for agency action is made for a variance to licensors rule and/or standards.

I. IDENTIFYING INFORMATION:

1 NAME OF FACILITY _____ TELEPHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

2. Is the facility currently licensed? Yes ___ No ___

EXPIRATION DATE _____

ANTICIPATED APPLICATION DATE _____

3. Rule (include title and section) from which the variance is being requested:

R432-35

4. Individual for whom the variance is requested: _____

5. Time period for which the variance is requested: While employed with facility

II. FACTS FORMING BASIS FOR VARIANCE:

5. The specific alternative arrangement proposed if any:

6. The specific reason for the request including why compliance with the rule cannot be accomplished (use additional sheet if necessary)

(Complete other side)

7. Explain how the health, safety, and welfare of all patients or residents will be maintained if the variance request is granted.

8. If the variance involves the physical structure, equipment, or life safety features. Describe the specific location within the facility in which the variance will be utilized.

III. NOTIFICATION OF INTERESTED PARTIES:

This request for variance has been mailed to the following parties:

NAME

ADDRESS

(Attach additional sheets if necessary)

IV. CERTIFICATION OF REQUEST: (Must be signed by Facility Administrator)

Name Administrator
Title

Signature Date Mailed