

Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
Hathaway Building, Suite 510, 2300 Capitol Avenue, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WDH-OHLS@wyo.gov - Website: www.health.wyo.gov/ohls

Please use this form in "Print Layout View" and tab through to advance within the document.

Request for State Licensure Rule Waiver

In accordance with the Wyoming Department of Health, Public Health Emergency, Ch. 1, Emergency Rules for Licensing and Operations of Health Care Facilities, a Request for Agency Action is being made to waive specific licensure rules and regulations in order to manage and control the threat that COVID-19 presents to the public health. For questions related to waiver requests, please contact Healthcare Licensing and Surveys at 307-777-7123.

Facility name:		Telephone:	()
Mailing address:		Email:	
City:		State/Zip:	

Rules for which this waiver is being requested (chapter(s) and section(s)):

Basis for Waiver

The specific reason(s) for the request:

By signing below, I attest that all information is correct. I also acknowledge that, if granted, this waiver will be approved until the end of the public health emergency and the facility is able to return to normal operations.

Administrator's Name	Administrator's Signature	Date Signed
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HLS Office Use Only

HLS Comments:

<input type="checkbox"/> Approved	Signature-HLS Administrator:	Date Signed:
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Please send completed form to: Tammy.Schmitt@wyo.gov