

**EMS and Trauma Systems Section
Montana Department of Public Health and Human Services**

**Application for Waiver of Emergency Medical Services
Licensing Requirements**

50-6-323 Montana Code Annotated – Waiver of Licensing Requirements

- (1) *The department may waive any licensing requirements under this part upon submission and approval of a written application for waiver by a person subject to licensing under this part.*
- (2) *The department may waive a licensing requirement if the person provides sufficient justification to allow a finding by the department that:*
 - (a) *the waiver is necessary to avoid significant financial or other hardship; and*
 - (b) *granting the waiver would not jeopardize patient care or the public health and safety.*
- (3) *A waiver must be issued on a temporary basis, not exceeding 6 months, and may be renewed by the department upon submission and approval of an additional application for waiver of licensing requirements.*
- (4) *A waiver granted by the department may be revoked for good cause after notice and an opportunity for a hearing before the department has been provided to the person affected by the department's action.*
- (5) *The decision of the department to deny or revoke a waiver under this section may be appealed to the board.*

37.104.107 Administrative Rules of Montana - Waivers

- (1) *A request for a waiver of any licensing requirement, pursuant to 50-6-325, MCA, must be submitted to the department on a form specified by the department.*
- (2) *An emergency medical service that is issued a waiver must notify the department of any change in the circumstances which originally justified the waiver.*

Please list below the specific sections of the Administrative Rules of Montana which you request to be waived for your emergency medical services, and provide a detailed narrative justification of the reason you are requesting the waiver (i.e. why, unless a waiver is approved, the service would suffer a significant financial or other kind of hardship, and why patient care and the health and safety of the public would not be jeopardized if the waiver were approved. Also, specify what specific steps you are taking to meet the requirements of the rules, and to avoid future requests for waivers. Use additional sheets if necessary.

Name of EMS service:

License #:

SECTION(S) OF LICENSING RULES TO BE WAIVED

JUSTIFICATION

HOW LONG DO YOU EXPECT TO NEED THIS WAIVER? – Waivers cannot exceed 6 months. Extensions are only approved through an additional application

RESOLUTION PLAN – What actions are you taking to overcome the challenges which require this waiver?

Signature of Authorized Representative

date

Name – printed or typed

Fax or mail to:

**EMS and Trauma Systems
PO Box 202951
Helena MT 59620**

Fax: (406) 444-1814