

APPLICATION FOR WAIVER OF EMS COMMISSION RULES (836 IAC)

State Form 54693 (R2 / 3-15)



INSTRUCTIONS: Please complete all sections of this form. Please make your answers specific.
You may attach any additional supporting documentation needed to support your application.
Completed waivers can be e-mailed to emscertifications@DHS.in.gov, faxed to 317-233-0497, or mailed to Indiana Department of Homeland Security
Office of EMS

Office of EMS 302 W Washington St RM E239 Indianapolis, IN 46204

APPLICANT INFORMATION							
Name of applicant (Person or Institution who would be in violation if the waiver is not granted.)			.)	EMS certification level			PSID or Provider number
Telephone number	Other telephone number			E-mail a	E-mail address		
	()						
Name of organization (if applicable)					Type, (if appli Individ		☐ Provider☐ Supervising hospital
Address (number and street, city, state, and ZIP	code)						
Has the Office of EMS issued a violation order? Yes No				of certification EMR			☐ Advanced EMT
DESCRIPTION OF REQUESTED WAIVER							
List the specific commission rule (836 IAC number	er)						
Nature of non-compliance (how you do not comp	y with the rule)						
DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED							
Select the most appropriate statement below:							
 Non-compliance with the rule will not jeopardize the quality of patient care. Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting the waiver will not jeopardize the quality of patient care. Explain why alternative actions would be adequate (be specific). 							
Facts demonstrating that the above selected statement is true:							
STATEMENT OF UNDUE HARDSHIP							
836 IAC 1-1-3(b) allows the Commission to waive any rule that imposes an undue hardship (except rules that set forth educational standards).							
Facts demonstrating that compliance with the rule creates an undue hardship:							
SIGNATURE							
Signature of applicant	Signature of applicant Printed name of applicant					Date (mo	onth, day, year)