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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00569 (09/2019) | **STATE OF WISCONSIN**Office of Preparedness and Emergency Health CareWis. Stat. § 256 608-266-1568 |
| **REQUEST FOR WAIVER OF ADMINISTRATIVE RULE FOR LICENSURE** |
| Under DHS 110.03 the department may grant a waiver of any non−statutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the emergency medical services provider or the public in meeting the emergency medical service needs of the provider’s primary service area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public. This form is used to request such a waiver when it involves the requirements of licensure. Return this completed form and necessary attachments via e-mail to dhsemssmail@wisconsin.gov or via USPS to: Waiver Request, WI EMS Section, 1 W Wilson St., P O Box 2659, Madison, WI 53701-2659.**REQUESTOR’S INFORMATION** |
| **Last Name** | **First Name** | **Middle Initial**  |  |
| **Mailing Address** |
| **City** | **State** | **Zip Code** | **County** | **Telephone Number** |
| **License Number**  | **License Level**  | **Expiration Date (or date expired)** |

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| **REASON FOR REQUEST** |
| [ ]  Active duty during biennium preventing ability to complete refresher activities  (Provide DD214 or copy of deployment orders).[ ]  Significant medical condition during the biennium. (Please submit pertinent medical record information) [ ]  Other, please specify:       (Please provide appropriate statement or documentation).  |

**Description of reason for request:**

**By Submitting this application you are affirming that all statements you have made in this document are true. You understand that the EMS Section has the right to determine if a waiver will be granted. The decision of the EMS Section is final and is not appealable under Wisconsin Admin. Code § DHS 110.59.**

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| **Name and / or signature of person requesting waiver** | **Date** |
| **Print Name**  |

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| **SEND FORM VIA E-Mail to:**dhsemssmail@wisconsin.gov  | **OR** | **Mailed To:**WI EMS Section1 W Wilson StreetPO Box 2659Madison, WI, 53701-2659 |