

**Health Care Facility Exemption Request**

Administrative Requirements for Health Profession Student Clinical Training

[Oregon Administrative Rules 409-030-0100](#)

*OAR 409-030-0150(2): Clinical facilities that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030-0170 through 409-030-0240 for students performing clinical placements at that site. However, clinical facilities may only request exemptions from the specific category or section of these rules in which their requirements for newly-hired non student employees are less (such as immunizations, screenings, trainings or other listed in Table 1). Clinical placement sites with an exemption to a specific category of the administrative requirements must still abide by all other sections of these rules.*

Your Name	
Title	
Email	
Phone	
Your organization (e.g., name of clinical facility or health profession program)	
Date of request	

**The information in this form is relevant only to the following clinical facility or health system:**

Name of clinical facility	
Mailing address of clinical facility	
Are there additional locations for this clinical facility that will be included in this request? Please describe.	
Which student disciplines are to be included in this exemption request? (e.g., “all” “all except pharmacy students” “only OT”)	
Contact information of student supervisor/manager on-site at clinical facility	Name:
	Email:
	Phone:

Please indicate below whether or not the clinical facility requires newly hired, non-student employees to provide evidence or documentation of completion of each element below prior to employment at the facility. If the facility does not require newly hired, non-student employees to complete a particular requirement, the student undergoing clinical training at that facility will not have to complete that requirement either. All other requirements will still be necessary.

<b>Immunizations:</b>	<b>REQUIRED</b> for newly hired, non-student employees	<b>NOT</b> required for newly hired, non-student employees
• Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	<input type="checkbox"/>
• Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="checkbox"/>
• Varicella	<input type="checkbox"/>	<input type="checkbox"/>
• Measles, mumps and rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Screenings:</b>		
• Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>
• Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
• Criminal Background Check	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trainings:</b>		
• CPR/Basic Life Support (BLS) for healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>
• Bloodborne Pathogen training (OSHA)	<input type="checkbox"/>	<input type="checkbox"/>
• OSHA-recommended safety guidelines, including the following: <i>Fire and electrical safety; Personal protective equipment; Hazard communications; and Infection prevention practices</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Affidavit:** must be signed by a representative of the clinical facility prior to submission of this form.

I personally attest that the information listed in this form is true and correct to the best of my knowledge.		
X		
Signature	Printed Name	Date

*Please return pages 1-2 to:* Office for Oregon Health Policy and Research  
RE: Health Care Facility Exemption Request  
421 SW Oak Street  
Portland, OR 97204

Or scan a copy of the signed form and email to: [clinical.trainingreq@state.or.us](mailto:clinical.trainingreq@state.or.us)

Exemption requests will be processed within 30 days and the clinical facility and/or the health profession program will be notified of the decision. If granted, an exemption will be valid for a period of three years from the date of request.