



# 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](mailto:emscertifications@DHS.in.gov), faxed to 317-233-0497, or mailed to Indiana Department of Homeland Security

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 address
Name of organization (if applicable)		Type, (if applicable) <input type="checkbox"/> Individual <input type="checkbox"/> Provider <input type="checkbox"/> Training Institution <input type="checkbox"/> Supervising hospital
Address (number and street, city, state, and ZIP code)		
Has the Office of EMS issued a violation order? (If yes, attach a copy of the order.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of certification <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic
DESCRIPTION OF REQUESTED WAIVER		
List the specific commission rule (836 IAC number)		
Nature of non-compliance (how you do not comply with the rule)		
DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select the most appropriate statement below: <input type="checkbox"/> Non-compliance with the rule will not jeopardize the quality of patient care. <input type="checkbox"/> 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	Printed name of applicant	Date (month, day, year)