

NH Bureau of Developmental Services
Request for Waiver to He-M 1201

Responsible Area Agency (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Date: _____
Request is for an Initial <input type="checkbox"/> or Renewal <input type="checkbox"/> waiver?
Provider agency name and address (if applicable):
Residence or Day Service name and address:
Indicate specific section of He-M 1201 for which a waiver is being sought: He-M 1201
Provide an explanation of why a waiver to this standard is sought:
What alternative is proposed to satisfy regulatory intent?
Number of staff/providers authorized to administer medications: _____ Nurse Trainer phone # _____ Number of people receiving medication within certified service: _____
I certify that policies and procedures are in place for: <ul style="list-style-type: none"> • Nurse Trainer oversight of authorized staff • Communication protocols between Day and Residential Services
Nurse Trainer signature: _____ Date: _____
Individual/Guardian (if applicable) signature: _____ Date: _____
AA Executive Director or designee signature: _____ Date: _____
Medication Committee: Approve <input type="checkbox"/> Deny <input type="checkbox"/> Medication Committee Chair signature: _____ Date: _____

Submit completed request to:
 BDS
 ATTN: Medication Committee
 State Office Park South
 105 Pleasant St - Main Bldg
 Concord, NH 03301