

## Request for Disaster Exemption

### INSTRUCTIONS FOR APPLICATION:

- \_\_\_\_\_ 1. **Guidance Document:** Review the guidance document entitled [Disaster Exemption for Temporary Bed Increases, OLC-1005-G](#).
- \_\_\_\_\_ 2. **Application:** Be sure that all information is completed on the application.
- \_\_\_\_\_ 3. **Attachments:** While an attachment is not required, requesters are welcome to attach documentation to support the request for a disaster exemption.

An incomplete application will delay the processing of your application. Documents submitted with an application are the property of the Office of Licensure and Certification (OLC) and cannot be returned.

Please mail the completed application to the OLC at:

**Virginia Department of Health  
Office of Licensure and Certification  
9960 Mayland Drive, Suite 401  
Henrico, VA 23233**

The completed application may be faxed to the OLC at **(804) 527-4502** or be emailed to [OLC-inquiries@vdh.virginia.gov](mailto:OLC-inquiries@vdh.virginia.gov).

Questions regarding the application can be directed to the OLC at [OLC-inquiries@vdh.virginia.gov](mailto:OLC-inquiries@vdh.virginia.gov) or by calling (804) 367-2102.

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## Request for Disaster Exemption

FACILITY INFORMATION	
Facility Name	
License Number	Certificate of Public Need Number
Authorized Bed Count	Anticipated Bed Count during Disaster
Administrator	
Administrator's Telephone Number	Administrator's Email

DISASTER INFORMATION
What disaster is causing the temporary increase in beds? Natural Man-made
If the disaster is natural, please indicate what type of natural disaster. Hurricane Flood Fire Tornado Earthquake Other:
If the disaster is man-made, please indicate what type of man-made disaster. Terrorism Attack by a foreign nation Industrial, nuclear, or transportation accident Power failure Resource shortage Other:
Briefly describe the disaster, <u>including how it has led or will lead to an evacuation and a shortage of beds.</u>
How many days do you anticipate needing a disaster exemption? (Cannot exceed 30 days) days

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**AFFIRMATION**

I certify all of the information submitted with this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is cause for denial, suspension, or revocation of \_\_\_\_\_'s license.

I have carefully read the laws and regulations related to the type of licensed facility for which I serve as the administrator in the Commonwealth of Virginia. \_\_\_\_\_ agrees to abide by and remain current with the laws and regulations administered by the Virginia State Board of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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