

Office of Health Care Quality  
Licensure Standards Waiver Application  
(10.07.14.09 – Licensure Standards Waiver)

Name of Assisted Living Manager \_\_\_\_\_

Name of Assisted Living Program \_\_\_\_\_

Address of Assisted Living Program \_\_\_\_\_

Licensed capacity: \_\_\_\_\_ Census: \_\_\_\_\_

This is to request a licensure standards waiver in accordance with **COMAR 10.07.14.09**.

In support of my request for a waiver, I offer the following:

1. Regulation from which a waiver is sought.
  
  
  
  
  
  
  
  
  
  
2. Reason(s) the program is unable to comply with the regulations.
  
  
  
  
  
  
  
  
  
  
3. Reason(s) that compliance with the regulations will impose a substantial hardship.  
(If the hardship is of a financial nature, attach cost estimates.)

4. Reason(s) why approval of this waiver will not adversely affect residents.

5. Other comments:

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Signature of Applicant

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Date

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Title

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Telephone