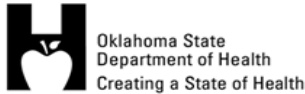


# Ambulatory Surgical Center Exception or Temporary Waiver of FGI Guidelines Request

**Oklahoma State Department of Health  
Protective Health Services  
Medical Facilities Service**



Facility Name: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Date: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Contact person's phone number: \_\_\_\_\_  
Contact person's email: \_\_\_\_\_

## Instructions

- I. The Oklahoma State Department of Health developed this template to assist facilities in providing complete information in a request for exception to minimum construction requirements when constructing new facilities or renovating existing facilities. This form must be accompanied by the \$500.00 request for exception to or temporary waiver of FGI guidelines fee.
- II. **SUBMITTALS BY MAIL:** The exception or temporary waiver request form must be accompanied by the \$500.00 fee in order to be reviewed. Fee should be submitted directly the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and contact person and be mailed to:

Oklahoma State Department of Health  
Protective Health Services  
Medical Facilities – Plan Review  
PO Box 268823  
Oklahoma City, OK 73126-8816

- III. **SUBMITTALS IN PERSON:** If submitting application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1<sup>st</sup> floor lobby of OSDH before submitting any such application.
- IV. Please indicate the request type.

**Exception**

**Temporary Waiver**

## Standards

**Minimum Requirements:** Pursuant to Oklahoma Administrative Code (OAC) 310:615-1-3(a), hospitals must comply with construction standards found in the 2018 FGI Guidelines and incorporated by reference in the Oklahoma Administrative Code. 310:615-1-3(c) states that “An ambulatory surgical center may submit a request for exception or temporary waiver if the FGI Guidelines create an unreasonable hardship, or if the design and construction for the ambulatory surgical center property offers improved or compensating features with equivalent outcomes to the FGI Guidelines.”

## Undue Hardship

**Does compliance with the 2018 FGI Guidelines create an undue hardship?**

Yes

No

**If yes:**

**What is the relevant FGI section(s) for which the facility is requesting an exception or temporary waiver?**

**Please provide a detailed explanation of how compliance with the 2018 FGI Guidelines would create an undue hardship:**

**What is the specific relief requested?**

**Describe any documentation that is attached to support the application for exception or temporary waiver:**

## Improved/Compensating Features with Equivalent Outcomes

**Does the design and construction for the hospital property offer improved or compensating features with equivalent outcomes to the 2018 FGI Guidelines?**

**Yes**

**No**

**If yes:**

**What is the relevant FGI section(s) for which the facility is requesting an exception or temporary waiver?**

**Explain the reason(s) for requesting an exception or temporary waiver:**

**What is the specific relief requested?**

**Describe any documentation that is attached to support the application for exception or temporary waiver:**

*The undersigned, acting on behalf of the facility requesting an exception or temporary waiver, hereby certifies that the above information is true and correct to the best of their knowledge.*

**Signature of Applicant:**

**Signature:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE DO NOT WRITE IN THE AREA BELOW – FOR OSDH USE ONLY**

- Approved**
- Not Approved**
- Conditionally Approved**
- By:** \_\_\_\_\_

**COMMENTS:**

**Initials**

\_\_\_\_\_ **Plan Review Admin. Program Manager**

\_\_\_\_\_ **Medical Facilities Service Director**

\_\_\_\_\_ **Deputy Commissioner (if applicable)**