



**pennsylvania**

DEPARTMENT OF HEALTH

**PA Department of Health**  
**Division of Acute and Ambulatory Care**

**Expedited Exceptions Request Form for Hospitals and Ambulatory Surgery Facilities**

Name of Facility: \_\_\_\_\_

Facility CEO: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Facility License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Specific regulation for which the facility is requesting an expedited exception:**

- \_\_\_ 28 Pa. Code §107.2 (b) Medical Staff Membership
- \_\_\_ 28 Pa. Code §107.62 (a,b) Oral Orders (Verbal Orders)
- \_\_\_ 28 Pa. Code §123.25 (b) Control of Anesthetic Explosion Hazards
- \_\_\_ 28 Pa. Code §127.32 Written Orders (Radiology Services)
- \_\_\_ 28 Pa. Code §555.32 (a) Administration of Anesthesia
- \_\_\_ 28 Pa. Code §551.21(d) Criteria for Ambulatory Surgery
- \_\_\_ 28 Pa. Code § 569.35(7) General Safety Precautions (flammable agents in ASF)

**I am submitting the following documents required by the Department for consideration of this request:  
(list all required documents using document title)**

\_\_\_\_\_  
Signature of individual appointed by the Governing Body

\_\_\_\_\_  
Date

- The Expedited Exceptions Request is a fill-in form. After completion, the document must be printed, signed and mailed or emailed as instructed below.
- In addition to completing the Expedited Exceptions Request form and submitting the required documents, a letter may also be submitted for review and consideration.
- The person appointed by the Governing Body of the facility who is responsible for the management and operations of the facility must sign the Expedited Exceptions Request form and letter, if one is submitted.
- Mail or email request to: Joanne Salsgiver, Director  
625 Forster Street  
Division of Acute and Ambulatory Care  
Room 532, Health and Welfare Building  
Harrisburg, PA 17120  
JSalsgiver@pa.gov