



**Division of Acute and Ambulatory Care**  
**Exceptions Request**

**Facility Requesting Exception** \_\_\_\_\_  
**Facility Street Address\*** \_\_\_\_\_  
**Facility Contact Name** \_\_\_\_\_  
**Contact Mailing Address** \_\_\_\_\_  
**Contact Email Address** \_\_\_\_\_  
**Contact Phone Number** \_\_\_\_\_ **Facility License #** \_\_\_\_\_  
**Surveyor Name** \_\_\_\_\_

\*Please provide name and address for each facility to which the exception will be applied.

- 1. List the specific regulation OR FGI Construction Guideline for which the facility is requesting an exception and why this is requested.**

**For FGI Construction exceptions, please also attach the narrative for the construction/renovation and floor plans, if available. Include building address, floor and/or room.**

- 2. Provide supporting rationale for the exception request.**

- 3. Describe how the facility will assure that this exception will not adversely affect patient care.**

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

The person appointed by the Governing Body of the facility who is responsible for the management and operations of the facility must sign the Exceptions Request form.

**Beginning on October 1, 2014, all DAAC Exception requests must be submitted as PDF documents to the following email address: [ra-paexcept@pa.gov](mailto:ra-paexcept@pa.gov)**