

Notification of Utilization of Disaster Exemption

INSTRUCTIONS FOR FORM:

- _____ 1. **Guidance Document:** Review the guidance document entitled [*Disaster Exemption for Temporary Bed Increases, OLC-1005-G*](#).
- _____ 2. **Form:** Be sure that all information is completed on the form.

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

Please mail the completed form to the OLC at:

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

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

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

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

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