

REQUEST FOR WAIVER OF REQUIREMENTS FOR PATIENT CARE NETWORKS

PCNA: \_\_\_\_\_

DATE: \_\_\_\_\_

Waiver Request for:

Staffing Requirements

Line item budgets

Other

Justification for Request:

\_\_\_\_\_

Executive Director

Approved by:

\_\_\_\_\_

Associate Director, Project Development and Quality Improvement

\_\_\_\_\_

Chief Medical Director/ Deputy Commissioner