



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

REQUEST FOR WAIVER BY HOSPITALS AND HOSPITAL EXTENSION CLINICS FROM EXTENDED HOURS REQUIREMENTS FOR SCREENING MAMMOGRAPHY SERVICES

Name of Facility: _____

Address: _____

This is to request a waiver from regulations at 10 NYCRR § 405.33, which requires offering extended hours for screening mammography services, because:

The facility does not have sufficient staff to provide extended hours (please explain your efforts to rectify this):

The facility is in the process of discontinuing mammography services (please explain):

Other hardship (please explain):

Signature of Chief Executive Officer

Date

Please print name of Chief Executive Officer

Name of Primary Contact for questions

Primary Contact Phone/Email

Please email a completed application to: hospinfo@health.ny.gov