**Section 2749.335 Waiver of Nursing Employment Obligation or Nurse Educator Employment Obligation**

A waiver request of a recipient's nursing employment obligation or nurse educator employment obligation shall be submitted in writing to the Department. The request shall detail the reasons for the waiver and be accompanied and supported by documentation as described in this Section.

a) Reasons for a waiver request may include the recipient's:

1) Total and permanent disability;

2) Incompetency; or

3) Death.

b) If the waiver is due to total and permanent disability, a formal request from a physician, advanced practice registered nurse, or physician's assistant (who is licensed to practice in the United States) is required. Accompanying this formal request, *proof* *of disability shall be:*

1) A *declaration from the Social Security Administration;*

2) From the *Illinois Workers' Compensation Commission;*

3) From the U.S. *Department of Defense;* or

4) From *an insurer authorized to transact business in Illinois who is providing disability insurance coverage to a contractor.* (Section 3(21) of the Law)

c) If a waiver is requested because the recipient is incompetent, the request shall be supported by a certified copy of the adjudication from a State or federal court of law. *No claim for repayment may be filed against the estate of* an individual deemed *incompetent.* (Sections 6 and 6.5(d) of the Law)

d) If the waiver is requested because of the recipient's death, the request shall be supported by a certified copy of the recipient's death certificate. *No claim for repayment may be filed against the estate of* a *decedent.* (Sections 6 and 6.5(d) of the Law)

(Source: Recodified from 77 Ill. Adm. Code 597.335 (Department of Public Health) pursuant to P.A. 102-699, at 47 Ill. Reg. 7031)