



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

JAN 24 2011

Ms. Susie Pina, Administrator  
Success Rehabilitation, Inc.  
5666 Clymer Road  
Quakertown, Pennsylvania 18951

RE: Success Rehabilitation at Rock Ridge

Dear Ms. Pina:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.54(a) (relating to qualifications for direct care staff persons) for [REDACTED]

Your request for waiver is being returned for additional information. Each waiver request must include documentation that the non-U.S. educational program is similar to or exceeds U.S. educational requirements. This includes, at a minimum, a transcript which lists the specific courses taken to earn the diploma (including dates of completion) and the date the individual earned the diploma. The transcript needs to show at least three years of schooling information. Transcript must be translated into English by a certified English translator.

If you have any questions regarding the waiver process, please contact Ms. Tara Pride, Director of Policy, at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a horizontal line extending to the right.

Ronald Melusky  
Acting Director