
**BUREAU OF PROFESSIONAL LICENSURE
IOWA DEPARTMENT OF PUBLIC HEALTH
LUCAS STATE OFFICE BUILDING 5TH FLOOR
321 E. 12TH STREET- DES MOINES, IOWA 50319-0075
TELEPHONE: 515-281-0254 FAX: 515-281-3121
WEB SITE: www.idph.state.ia.us/licensure**

PETITION FOR WAIVER

This form may be used to seek a waiver or variance from an administrative rule adopted by one of the boards listed below. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule, for a period of time or permanently. The process for seeking a waiver from an administrative rule and the standards under which the petition will be evaluated are described in IAC 645 Chapter 18. Please keep in mind that the boards are not allowed to waive or alter a statutory duty or requirement.

The board has the authority to suspend in whole or in part the requirement or provisions of a rule as applied to a license on the basis of the particular circumstances of that person.

The burden of persuasion rests with the petitioner to demonstrate by clear and convincing evidence that the board should exercise its discretion to grant a waiver from board rule. **Please respond in the space provided to each of the items below. If additional space is needed, you may provide information on a separate piece of paper.**

Unless other arrangements have been made, the board will grant or deny a petition at the time of the next scheduled quarterly meeting. Items for consideration by the board are due in the board office two weeks prior to the scheduled meeting. The board meeting schedule is available on the board web site.

THE BOARD TO WHICH YOUR PETITION IS DIRECTED

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Barber | <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Sign Language Interpreter and Transliterator |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Dietetic | |
| <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Mortuary Science | |
| <input type="checkbox"/> Nursing Home Adm. | <input type="checkbox"/> Optometry | <input type="checkbox"/> Physical & Occupational Therapy | |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Respiratory Care and Polysomnography | <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech Pathology & Audiology | |

Where applicable and known the petitioner shall:

1. Cite the rule(s) from which the waiver is desired.
2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.
3. Identify the specific waiver being requested, and whether a waiver of the entire rule or only a portion of the rule is being sought.
4. State the specific period of time for which the waiver is being sought.

5. Provide the relevant facts that justify a waiver for each of the following:
 - a. The application of the rule would impose undue hardship on the person for whom the waiver is being requested.
 - b. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person.
 - c. The provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or another provision of law.
 - d. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.
6. Provide a history of any prior contacts between the board and the petitioner related to the waiver.
7. Provide any information known to the requester regarding the board's action in similar cases.
8. Provide the name, address, and telephone number of any public agency or political subdivision which also regulates the activity in question or which may be affected by the granting of the waiver.
9. Provide the name, address and telephone number of any person or entity that would be adversely affected by granting the waiver.
10. Provide the name, address, and telephone number of any person with knowledge of the relevant facts related to the proposed waiver.

I attest to the accuracy and truthfulness of the information contained within this petition. I authorize any persons with knowledge of the relevant facts relating to the requested waiver to release any information to the board to which this petition is directed.

Signature

Date

Name of Petitioner:	License number, if applicable:
Address:	Daytime phone number:
Fax number, if applicable:	E-mail address, if applicable: