

BEFORE THE BOARD OF DENTAL EXAMINERS

PETITION FOR WAIVER

INSTRUCTIONS

**I M P O R T A N T**

INSTRUCTIONS

The following instructions should be reviewed prior to preparing a Petition for Waiver. These instructions provide an example of the required format as well as an indication of specific items that do not pertain to your application for licensure. Suggested responses are listed in the shaded instruction boxes to the right of those items.

THIS IS NOT A FILL-IN FORM. Petition must be submitted as a separate document.

PETITION FOR WAIVER BY:

1. YOUR NAME  
(name of applicant)  
STREET ADDRESS  
(street)  
CITY, STATE, POSTAL CODE  
(city, state, zip code)  
AREA CODE & PHONE NUMBER  
(phone number)

1. Provide your name, address and phone number.

2. I hereby request a waiver of the following rule.

\_\_\_\_\_  
( IAC Rule number)

2. Cite the specific rule from which a waiver is requested. Board staff may provide you with this information along with a copy of the exact rule.

3. Describe the specific waiver requested, including the precise scope and time period for which the waiver will extend.

3. Describe the circumstance that makes it necessary for you to request a waiver and who or what would be affected by the waiver, and for how long.

4. Explain the relevant facts and reasons that you believe justify a waiver. Include all of the following in your explanation:
- a. Why applying the rule would result in undue hardship to you;
  - b. Why waiving the rule would not prejudice the substantial legal rights of other persons;
  - c. Whether the requirements of the rule from which you are seeking a waiver are also contained in a statute or other provision of the law; and,
  - d. How will the public's health, safety, and welfare be substantially protected in an equal manner if the rule is waived in your case?

4. You must address **all** items in your explanation.

- a. Explain what personal hardship would result if you were denied this waiver.
- b. Answer to the best of your ability.
- c. Answer to the best of your ability.
- d. You seek a waiver of a specific rule that the Board adopted to protect the public's health, safety, and welfare. Provide reasoning as to how you believe the public would be equally protected if you were granted this waiver.

5. Provide a history of any prior contacts between you and the Board regarding the activity or license/registration that would be affected by the waiver.

5. Describe any previous communication between you and the Board related to your waiver request.

6. Provide information known to you regarding the Board's action in similar cases.

6. If you are aware of waiver requests similar to yours that the Board has granted in the past, provide information. **If you are not aware of any specific cases, simply indicate this.**

7. Provide the name, address, and telephone number of any public agency or political subdivision that also regulates the activity in question, or that might be affected by the petition.

7. Answer to the best of your ability or indicate unknown.

8. Provide the name, address, and telephone number of any person or entity that you are aware of who would be adversely affected by granting this waiver.

8. Answer to the best of your ability or indicate unknown.

9. Provide the name, address, and telephone number of any person, other than yourself, with knowledge of the relevant facts relating to the proposed waiver.

9. Provide the requested contact information. You may also provide any documentation that you believe will assist the board in its consideration of this request, including letters of recommendation attesting to your clinical abilities, letters from prospective employers, etc.

10. Provide signed releases of information authorizing persons with knowledge regarding the request to furnish the Board with information relevant to the waiver.

I hereby attest to the accuracy and truthfulness of the above information.

Sign and date your Petition for Waiver.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date