

IMPORTANT

The following instructions should be viewed prior to preparing a petition for waiver. These instructions provide an example of the required format, as well as an indication of the 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. Petitions for rule waiver must be submitted as a separate document.

BEFORE THE IOWA DENTAL BOARD

Petition by _____ (your name) _____ }
for the waiver of 650 IAC subrule X.X(X)x }
relating to _____ }
_____ }

PETITION FOR WAIVER

1. Petitioner's name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

First name, Last name _____
Street address _____
City, State, Zip _____
Phone number: _____
Email address: _____

1. Provide your current contact information.

2. I hereby request a waiver of 650 Iowa Administrative Code subrule <insert IAC Rule #>, which requires <insert description>. In lieu of <insert description>, I would like the board to accept the following: _____.

2. Cite the specific rule from which you are requesting a waiver. Board staff may be able to assist you should you have any questions.

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

3. Describe the circumstances that makes it necessary for you to request a waiver.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. **Include in your answer all of the following:**

- a. Why applying the rule would result in undue hardship;
- b. Why waiving the rule would not prejudice the substantial legal rights of any person;
- c. Indicate whether the requirements of the rule, from which you are seeking a waiver, are also contained in statute or other provision of 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. These items are required as part of your petition for rule waiver.

5. Provide a brief 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. Cite any waiver requests of a similar nature to yours that the Board has granted in the past. If you are not aware of any, indicate this in the request.

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

7. Answer this to the best of your ability, or indicate that this is unknown to you.

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 this to the best of your ability, or indicate that this is unknown to you.

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

9. Provide the requested contact information. You may also provide any additional documentation that you believe will assist the board in its consideration of your request.

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.

Petitioner's signature

Sign and date your petition for waiver.

Date