



## Iowa Board of Medicine

400 SW 8th Street, Suite C, Des Moines, IA 50309-4686  
(515) 281-6641 [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov)

### Petition for Waiver

**Applicant Instructions:** The following outline should be used in preparing a Petition for Waiver. The information provides an example of the content required in the Petition for Waiver, as well as specific information needed or suggested responses for the Petition for Waiver. The Petition for Waiver must be completed as a separate document.

1. Provide your name, address, and telephone number.
2. Describe and cite the specific rule you are requesting a waiver of.
3. Describe the specific waiver requested, including the precise scope and time period for which the waiver will extend.
4. Explain the relevant facts and reasons that you believe justifies a waiver. Include all of the following in your explanation.
  - Why applying the rule would result in undue hardship to you;
  - Why waiving the rule would not prejudice the substantial legal rights of other persons (answer to the best of your ability);
  - Whether the requirements of the rule from which you are seeking a waiver are also contained in the statute or other provision of the law; (answer to the best of your ability) and
  - How will the public's health, safety, and welfare be substantially protected in an equal manner if the rule is waived in your case.
5. Provide a history of any prior contact between you and the Board regarding the activity or license that would be affected by the waiver.
6. Provide information known to you regarding the Board's action in similar cases. If you are not aware of any similar cases, 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. 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. 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. You may also provide any documentation that you believe will assist the board in its consideration of this request such as letters from prospective employers, etc. Submit at least two letters of recommendation attesting to your clinical abilities.
10. Provide signed releases of information authorizing persons with knowledge regarding the request to furnish the Board with information relevant to the waiver. In your statement, acknowledge that you submitted a release to the Board in conjunction with your application for licensure.
11. Sign and date the Petition for Waiver attesting to the accuracy and truthfulness of the information presented.