

PETITION for VARIANCE or WAIVER of RULE

Petitioner/Licensee

Board: **GBPW**

Name _____

LicenseNo.: _____

Address _____

License Type: _____

City _____

Telephone Number: _____

State _____ Zip Code: _____

Agent _____

(NAME OF AGENT FILING PETITION IF LICENSEE IS A CORPORATION)

O.C.G.A §50-13-9.1(c) requires that a register of all pending requests for variances and waivers and all approved variances and waivers be posted on the web site. Requests for variance will also be published on the GBPW's website.

I hereby petition the Georgia Board for Physician Workforce for the following action (select one):

Variance

Select "variance" if you are requesting that a rule be modified in your particular situation.

Waiver

Select "waiver" if you are requesting that a rule, or part of a rule, not be applied to your particular situation.

Petitioner must provide the following information (additional pages may be attached as needed):

1. If an attorney or other representative will assist you with this petition, please identify:

Name _____

Address _____

City _____

State _____ Zip Code: _____

Telephone Number: _____

2. State the specific rule from which this variance or waiver is requested:

3. State how strict application of the rule, identified in #2 above, would create a substantial hardship which would justify the Georgia Board for Physician Workforce granting this variance or waiver for the petitioner. The term "substantial hardship" means a significant, unique, and demonstrable economic, legal, technological or other type of hardship which would impair your ability to continue to function in your profession or business.

4. State the alternative standards which the petitioner seeking the variance or waiver agrees to meet and describe how such alternative standards will afford adequate protection for the public health, safety, and welfare.

5. The rule, identified in #2 above, was enacted to serve the purpose of an underlying statute. State how this variance or waiver will still serve the purpose of the underlying statute. (You may wish to refer to a copy of the laws and rules pertaining to this Board).

Signature: _____

Date: _____

MAIL THIS COMPLETED PETITION TO:

Georgia Board for Physician Workforce
2 Peachtree Street, N.W, 36th Floor
Atlanta, GA 30303

DO NOT WRITE BELOW THIS LINE – BOARD USE ONLY

Date petition received _____ Actual Review Date _____

Date forwarded to Board _____ Board Decision _____

Date petition posted _____ Date decision posted _____

Schedule review date _____ Date petitioner noticed _____

09/2016