

IOWA BOARD OF NURSING

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PETITION FOR WAIVER

Additional information about granting of individual waivers from rules adopted by the board is found in 655 IAC 15, available at the board's web site, www.state.ia.us/nursing.

The board of nursing has the authority to suspend in whole or in part the requirements or provisions of a rule as applied to a licensee 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 sheet 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 three weeks prior to the scheduled meeting. The board meeting schedule is available on the board web site.

Where applicable and known the petitioner shall:

1. Provide the name, license number, address and telephone number of each licensee for whom the waiver is being requested. _____

2. Cite the rule(s) from which the waiver is desired. _____
3. Explain why you feel the board should exercise its discretion and grant a waiver from its rules. _____

4. Identify whether a waiver of the entire rule or only a portion of the rule is being sought. _____
5. State the specific period of time for which the waiver is being sought. _____
6. Provide the relevant facts that justify a waiver for each of the following:
 - a. that the application of the rule would impose an undue hardship on the person for whom the waiver is being requested. _____

 - b. that a waiver from the requirements in this rule would not prejudice the substantial legal rights of any person. _____

c. that the provisions of the rule subject to the petition for waiver are not specifically mandated by statute or another provision of law. _____

d. that the requested waiver will not endanger the health, safety, or welfare of patients/clients.

7. Provide a history of any prior contacts between the board and the petitioner related to the waiver.

8. Provide any information known to the requester regarding the board's treatment of similar cases.

9. Provide the name, address, and telephone number of any public agency or political subdivision which also regulates the issue in question or which may be affected by the granting of the waiver.

10. Provide the name, address, and telephone number of any person or entity that would be adversely affected by granting the waiver. _____

11. Provide the name, address, and telephone number of any person with knowledge of the relevant facts related to the proposed waiver. _____

Name of petitioner:	Nursing license number, if applicable:
Address:	Daytime telephone number:
Fax number, if available:	E-mail address, if available:

By my signature below, I attest to the accuracy of the facts provided in this petition.
