

Georgia Board of Health Care Workforce

James Barber, MD
BOARD CHAIRMAN



Chet Bhasin, FACHE
EXECUTIVE DIRECTOR

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Petition for Variance or Waiver of Rule

Petitioner
Name _____ License No _____
Address _____ License Type _____
City _____ Phone _____
State _____ Zip Code _____
Agent _____
(Name of agent filing if petitioner 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 online.

I hereby petition the Georgia Board of Health Care Workforce for the following action (only select one):

_____ Variance / Select if you are requesting that a rule be modified to your situation.

_____ Waiver / Select if you are requesting that a rule, or part of a rule, not be applied to your 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 _____
Phone _____

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

3. State how strict application of the rule, identified in #2 above, would create a substantial hardship which would justify the Georgia Board of Health Care 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 of Health Care Workforce
2 Martin Luther King Jr. Drive, SE
East Tower, 11th Floor
Atlanta, GA 30334**

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 _____