Georgia Composite Medical Board

Petition for Variance or Waiver

Petitioner/Licensee	
Name	Board:
Address	License No:
City	Category of License
State Zip Code:	Telephone Number:
Agent (NAME OF AGENT FILING PETITION IF LICENSEE IS A CORPORATION)	
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O.C.G.A §50-13-9.1(c) requires that a register of all pending recvariances and waivers be posted on the GANET web site. Reque web page. It will be remain posted for 15 days and will be review	sts for variance will also be published on the Board's
I hereby petition the Georgia Medical Board for the following ac	tion (select one):
Variance	Waiver
Select "variance" if you are requesting that a rule be modified in your	Select "waiver" if you are requesting that a rule, or part of a rule, not be applied to your particular
particular situation.	situation.
Petitioner must provide the following information (additional pa	ges may be attached as needed):
1. If an attorney or other representative will assist you with thi	s petition, please identify:
Name	
Address	
City	
State Zip Code:	
Telephone Number:	
•	
2. State the specific rule from which this variance or waiver is re	quested:
3. State how strict application of the rule, identified in #2 above justify the Georgia Medical Board granting this variance or hardship" means a significant, unique, and demonstrable economic hardship which would impair your ability to continue to fund	waiver for the petitioner. The term "substantial onomic, legal, technological or other type of

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:	