



Secretary of State
 Professional Licensing Boards Division
 237 Coliseum Drive * Macon, Georgia 31217-3858
 478-207-2440 * <http://sos.georgia.gov/plb/podiatry>

PETITION FOR VARIANCE OR WAIVER

Petitioner/Licensee/Applicant Information:

Name: _____

Address: _____

 (City) (State) (Zip)

Agent: _____
 (Name of agent filling petition if licensee is a corporation)

Board: Podiatry

License #: _____ **Type of License:** _____

Telephone #: _____

O.C.G.A. § 50-13-9.1(c) requires that a register of all pending requests for, and all approved variances and waivers be posted on the GeorgiaNet.

I hereby petition the Georgia Board of Podiatry Examiners for the following action (select one):

- Variance** (if you are requesting that a rule be MODIFIED in your particular situation)
- 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 (attach additional pages if needed):**

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

Name: _____ Telephone #: _____

Address: _____

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 for you that would justify the Board granting this variance or waiver: (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 our profession.)

_____.

4. State the alternative standards you agree 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 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 which can be located at: <http://sos.georgia.gov/plb/podiatry>)

_____.

Signed: _____ Date: _____

Mail the completed application to:

**The Georgia Board of Podiatry Examiners
237 Coliseum Drive
Macon, Georgia 31217-3858**

OFFICE USE ONLY:

Date petition received: ____/____/____

Date petition posted: ____/____/____

Scheduled review date: ____/____/____

Actual review date: ____/____/____

Board's decision: _____

Date decision posted: ____/____/____

Date petitioner notified of decision: ____/____/____