GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Board of Pharmacy
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303

PETITION FOR RULE VARIANCE OR WAIVER

Petitioner/Licensee Information:

Name: _____

Address: _____

_____
(City) (State) (Zip)

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

Board: _____

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. Waiver/Variance requests shall to granted or denied in writing no earlier than 15 days after posting and no more than 60 days after the receipt of the petition. Please plan the submission of your request accordingly.

I hereby petition the Georgia Board 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 statue. (You may wish to refer to a copy of the laws and rules which are found at: www.gbp.georgia.gov.)

_____
_____
_____
_____.

Signed: _____Date:_____

Mail the completed application to:
2 Peachtree St., NW
36th Floor
Atlanta, GA 30303

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: _____/_____/_____