BUREAU OF PROFESSIONAL LICENSURE
IOWA DEPARTMENT OF INSPECTIONS, APPEALS, & LICENSING
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
PHONE: 515-281-0254 FAX: 515-281-3121
WEBSITE: https://dial.iowa.gov/

PETITION FOR WAIVER

This form may be used to seek a waiver or variance from an administrative rule adopted by one of the boards listed below. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule, for a period of time or permanently. The process for seeking a waiver from an administrative rule and the standards under which the petition will be evaluated are described in IAC 481 Chapter 6. Please keep in mind that the boards are not allowed to waive or alter a statutory duty or requirement.

The board has the authority to suspend in whole or in part the requirement or provisions of a rule as applied to a license 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 piece 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 two weeks prior to the scheduled meeting. The board meeting schedule is available on the board web site.

THE BOARD TO WHICH YOUR PETITION IS DIRECTED

☐ Athletic Trainer	☐ Barber	☐ Behavioral Science	☐ Sign Language Interpreter and Transliterator
☑ Chiropractic	☐ Cosmetology	☐ Dietetic	
☐ Hearing Aid Specialist	☐ Massage Therapy	☐ Mortuary Science	
☐ Nursing Home Adm.	☐ Optometry	☐ Physical & Occupational Therapy	
☐ Physician Assistants	☐ Podiatry	☐ Psychology	
☐ Respiratory Care and Polysomnography	☐ Social Work	☐ Speech Pathology & Audiology	

Where applicable and known the petitioner shall:

1. Cite the rule(s) from which the waiver is desired. Rule citation 844.3(2)(4)

2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.
   I have recently completed rigorous, accredited post-graduate medical education at Trinity Medical Sciences University. This coursework, including Anatomy & Histology, Physiology & Pathophysiology, and Physical Diagnosis/Clinical... (2. continued below)

3. Identify the specific waiver being requested, and whether a waiver of the entire rule or only a portion of the rule is being sought.
   I am requesting a partial waiver to allow specific coursework completed at Trinity Medical Sciences University, along with the previous submission of my online CEUs, to be counted... (3. continued below)

4. State the specific period of time for which the waiver is being sought.
   For the current chiropractic license renewal cycle. After this re-application, I will be able to return fully to the standard Chiropractic Association seminars offered for subsequent renewals.

5. Provide the relevant facts that justify a waiver for each of the following:

   a. The application of the rule would impose undue hardship on the person for whom the waiver is being requested.

   Strict application of the rule would impose undue hardship by requiring me to duplicate in-person educational hours. I have already completed hundreds of contact hours in highly interactive, hands-on... (5 a. continued below)

   b. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person.

   Granting this waiver relates solely to the assessment of my specific educational qualifications for this individual license renewal based on my... (5 b. continued below)

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

   To my knowledge, the specific administrative definition of what constitutes acceptable "in-person" CEU presentation formats is established by... (5 c. continued below)

   d. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

   Substantially equal, if not greater, protection of public health, safety, and welfare is afforded by the education I have received. The coursework was... (5 d. continued below)

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

   I am submitting my online CEU hours, academic transcripts and course descriptions to the Board for review alongside this request.

7. Provide any information known to the requester regarding the board's action in similar cases.

   None known to us.

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

   N/A

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

   None.

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

Myself, along side Trinity Medical Sciences University advisors/Registrar. Email: registrar@tmsu.edu.uc
925 Woodstock Road, Suite 200, Roswell, GA 30075. Telephone: (470) 569-5974 or (470) 395-6467

I attest to the accuracy and truthfulness of the information contained within this petition. I authorize any persons with knowledge of the relevant facts relating to the requested waiver to release any information to the board to which this petition is directed.

Signature  Date Dec. 09, 2025

Name of Petitioner:	License number, if applicable:
Joshua D. Blunt, DC, MS	007115
Address:	Daytime phone number:
2132 263rd St., Oskaloosa, IA 52577	641-660-1775
Fax number, if applicable:	E-mail address, if applicable:
	JoshBlunt44@msn.com

2. Clinical skills involved mandatory, physical attendance in lecture, laboratory, and clinical settings. The depth, scope, and duration of this instruction significantly exceed standard CEU offerings and directly enhance competency in clinical case management and the foundational sciences necessary for chiropractic practice.

3. to be counted toward the required in-person, classroom-type Continuing Education (CEU) hours for my license renewal, particularly for the Clinical Case Management requirement. I request that these extensive in-person clinical hours substitute for traditional Chiropractic Association seminars defined by the rule.

5 a. hands-on clinical instruction (over 355 hours total in key clinical/case management areas). Requiring additional "traditional" CEU seminars on top of this extensive recent training imposes significant time and financial burdens without adding commensurate educational value.

5 b. my extensive clinical training. It does not prejudice the substantial legal rights of any other person or licensee.

5 c. by Board rule and is not specifically mandated by statute or any other provision of law.

5 d. was high-level medical education involving cadaver inspection, wide array case management, and direct patient interaction for physical diagnosis in clinical settings. This rigorous academic and clinical training ensures a high level of competency in diagnosis and patient management, exceeding the typical impact of standard CEU seminars.