**BUREAU OF PROFESSIONAL LICENSURE**
**IOWA DEPARTMENT OF PUBLIC HEALTH**
**LUCAS STATE OFFICE BUILDING 5TH FLOOR**
**321 E. 12TH STREET- DES MOINES, IOWA 50319-0075**
**TELEPHONE: 515-281-0254 FAX: 515-281-3121**
**WEB SITE: www.idph.state.ia.us/licensure**

# 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 645 Chapter 18. 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. 844.3(2)a(1)

2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.

I am a widower living with my adult, mentally-challenged son. I am his legal guardian and his sole caretaker 24/7. Because of his peculiar (and sometimes volatile) disability, I have no one to watch him while I am away to do other business, such as seminars. He is my constant shadow, and he will not tolerate any length of time sitting in a confined area around others. Although I have been effectively retired since 2018, I still wish to maintain my license in good standing. To that end I, respectfully, request the 20 "live" hours be waived each licensure period for the duration of my son's disability.

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.

This petition is for a disability waiver. Only a partial waiving of rule 844.3(2)a(1) is requested, that portion being: "At least 20 of these hours will be earned by completing a program in which an instructor conducts the class by employing a traditional in-person, classroom-type presentation and the licensee is in attendance in the same room as that instructor."

4. State the specific period of time for which the waiver is being sought.

2026 - Indefinite (specifically, the duration of my son's disability)

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 this rule would cause me to lose my license.

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

      Not to my knowledge.

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

      CE requirements are not specifically mandated by Iowa Code 151 but under the Rules section only and subject to the Board's discretion.

   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.

      Continuing ed hours earned, whether "live" or pre-recorded, afford me the same education for the public's health, safety, and welfare protection.

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

   An exemption was requested and Board-approved for the current licensing period (2024-2026.)

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

   An exemption was requested and Board-approved for the current licensing period (2024-2026.)

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.

   None, to my knowledge.

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

   None, to my knowledge.

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

    Douglas McLaws, D.O.
    1550 W 6th St
    Manning, IA 51455
    712-655-8100

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 /s/ JP Outhier, DC Date 01/23/2026

| Name of Petitioner: | License number, if applicable: |
|---|---|
| John P. Outhier, DC | 6297 |
| Address: | Daytime phone number: |
| 207 E 4th St, Atlantic, IA 50022 | 515-326-1310 |
| Fax number, if applicable: | E-mail address, if applicable: |
| | sclc@mediacombb.net |