



WAIVER REQUEST TYPE

Training **Education**

SECTION A: FOSTER PARENT TRAINING

Requesting Agency / DCS Region:

Request Date:

Requesting Staff Member:

Requesting Staff Member Email:

Requesting Staff Member Telephone Number:

Foster Parent Name:

Foster Parent Email:

Foster Parent Address:

Foster Parent Phone Number:

County:

Foster Parent Waiver Request Type

Type of Foster Home: Traditional Kinship

Type of Training: Pre-Service Inservice

Extension Individual Exemption

Equivalent Deferred Modified Schedule

Medical Resources and Information Modification (Medical Professional Only)

CPR /First Aid

Expiration Date for CPR/First Aid Equivalent: _____ (to be entered by Statewide Training staff at time of approval)





SECTION B: STAFF PRE-SERVICE TRAINING WAIVER

Employee Name:

Position:

Edison ID:

Program Area:

Supervisor:

County:

Pre-Service Waivers ONLY

PS Group #:

FOR RETURNING Case Manager ONLY:

Original Hire Date:

Date of Separation:

Staff Pre-Service Waiver Request Type

A. Certified DCS Case Manager Returning within One (1) Year Must have less than 12-month service gap and at least 12 months of experience in CM position prior to separation. Mandatory trainings can be waived if they have already been completed AND certification is current; documentation of current certification must accompany waiver request.

- Waiver Requested for Mandatory Training (enter date beside type of training)

CPR/FA: FAST: RAD:

MRI: CANS: Specialty:

B. Certified DCS Case Manager Returning within Three (3) Years Must have less than three (3) year service gap and at least three (3) years of experience in CM position prior to separation. Waiver Test score of 80% or greater in each section is required to be waived from the corresponding Fundamentals week. Re-certification as a Case Manager is contingent on successful Case Presentation Panel. Electronic Records System, Specialty, Simulations Labs, CPR/FA, MRI, FAST/CANS, RAD, Car Seat/ Safe Sleep, and Safe Search/Transportation (not JJ) training completion will still be required.

C. Current Case Manager Transferring to New Specialty Please indicate which portions of Pre-Service the transferring CM will attend. Please indicate prior course completion or specialty training plan for new program area within the Region in the "additional comments" section.

Specialty CANS Simulation Lab Week 1

Electronic Records System FAST Simulation Lab Week 2



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- D. Case Manager Candidate with Previous Child Welfare Experience** *Must have at least one (1) year of post-certification experience in a case management position with a public child welfare in another state or with a private provider agency. Waiver Test score of 80% or greater in each section is required to be waived from the corresponding Fundamentals week. Certification as a Case Manager is contingent on successful Case Presentation Panel. Electronic Records System, Specialty, Simulations Labs, CPR/FA, MRI, FAST/CANS, RAD, Car Seat/ Safe Sleep, and Safe Search/Transportation (not JJ) training completion will still be required.*
- Document relevant work experience including years of service and provider agency:

- E. Supervisor (CM 4) Candidate with Previous Child Welfare Experience** *Waiver Test score of 80% or greater in each section is required to be waived from the corresponding Fundamentals week. Certification as a Case Manager is contingent on successful Case Presentation Panel. Electronic Records System, Specialty, Simulations Labs, CPR/FA, MRI, FAST/CANS, RAD, Car Seat/ Safe Sleep, and Safe Search/Transportation (not JJ) training completion will still be required.*
- Document relevant work experience including years of service and provider agency:

- F. Certification Student** *Certification students are considered Certified Case Managers when they are hired and are waived from Pre-Service except for the sections listed below. Electronic Records System, Specialty, Simulations Labs, CPR/FA, MRI, FAST/CANS, RAD, Car Seat/ Safe Sleep, and Safe Search/Transportation (not JJ) training completion will still be required.*

- G. Program Specialist Returning within One (1) Year to Program Specialist Series** *No training required unless returning to another program area that requires additional training.*



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SECTION C: STAFF INSERVICE TRAINING WAIVER

Employee Name:

Program Area:

Position:

Supervisor:

Edison ID:

County:

Staff Inservice Waiver Request Type

Waiver Type:

Extended Leave Expected Date of Return: _____

Course Equivalent

Other (Explain):

Equivalent Course Information

*If requesting to substitute a course, provide the information below

- Course Title:
- Substitution Course:
- Professional Development Source for Substitution Course (i.e. CBT, Internal Offering, External Agency, etc.):

- Date Completed:
- Number of Hours:
- Course Description:

- Certificate of Completion (a copy of this certificate must accompany the request):

Yes No



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SECTION D: EDUCATION WAIVER

Employee Name:

Program Area:

Position:

Supervisor:

Edison ID:

County:

Education Waiver Request

Explain the specific educational requirements for which a waiver is being requested. Include any supporting documentation that may further support the request.



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Any additional comments (for any waiver type):

Agency Director Name

Agency Director Signature

Date



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DO NOT WRITE BELOW THIS LINE - FOR STATEWIDE TRAINING USE ONLY

Approved

Comments:

Denied

Reason for Denial:

Training Designee Name

Training Designee Signature

Date

TRAINING EXCEPTIONS APPROVAL

Executive Director Signature

Date

Executive Director of Human Resources/Designee Signature

Date

For Education Waivers:

Approved

Denied

Commissioner/Assistant or Deputy Commissioner/Designee

Date



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