Advisor Waiver Request Form

Please fill out this form by referring to the eligibility and/or information collection requirements in the Child Development Associate Assessment System and Competency Standards Book or the attached document.

Setting Type:
Center-Based/Preschool _ _ Center-Based Infant Toddlers _ _ Family Child Care _ _ Home Visitor __

Eligibility Requirements I do not meet:

Qualifications I would like to substitute:

Please explain any special conditions:

NAME OF ADVISOR: _____

ADDRESS: _____

_____

DAYTIME TELEPHONE: ( ) _____ DATE MAILED: _____

E-MAIL: _____

For Council Use Only:

[ ] Waiver request granted by: _____ DATE:_____

Waiver valid for the following period: [ ] Waiver Denied:_____

[ ] 12 months from the above date
[ ] Other _____