

**DIRECT ASSESSMENT
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.

Candidate for CDA Assessment: _____ Social Security # _____

Setting Type:

Center-Based/Preschool _____ Center-Based/Infant Toddler _____ Family Child Care _____

I request a waiver as: Advisor or Candidate for CDA Assessment.

Eligibility or Information Collection Requirement(s) that I do not meet *(Please cite item letter and number from list of requirements):*

Qualifications I would like to substitute *(You must submit appropriate documentation supporting your waiver request):*

Please explain any special conditions:

NAME OF PERSON REQUIRING WAIVER: _____

ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____ DATE MAILED: _____

**Please return completed form to: The Council for Professional Recognition
2460 16th St. NW
Washington DC 20009**

For Council Use Only:

Waiver request granted by _____ Date _____

Waiver valid for the following period: _____ Waiver denied: _____

12 months from the above date

One-time use, for the Candidate identified above

Other _____