

(For CDA Renewals Only)

## Renewal Waiver Request Form

**CDA Renewal Candidate:** Please complete this form if you fail to meet one or more of the Renewal Requirements as outlined in the CDA Renewal Procedures book.

**Early Childhood Education Reviewer:** You may use this form if you fail to meet any of the eligibility criteria to serve as a Reviewer for a CDA Renewal Candidate, as outlined in the “Information for the Early Childhood Education Reviewer” book.

Name of Person Requesting Waiver: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date \_\_\_\_\_

**Setting Type:**

Center-Based Preschool \_\_\_\_\_ Center-Based Infant/Toddler \_\_\_\_\_ Family Child Care \_\_\_\_\_ Home Visitor \_\_\_\_\_

I request a waiver as: [  ] Early Childhood Education Reviewer [  ] CDA Renewal Candidate

List below the qualification(s) you do **not** meet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below any qualifications you wish to substitute and attach copies of supporting documentation (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone # of Person Requesting Waiver: \_\_\_\_\_

**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 denied by:

Waiver valid for:

[  ] 12 months from the above date

[  ] One time use, for CDA identified above

[  ] One time use, for ECE Reviewer identified above

[  ] Other