

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: _____

ID# or the last four digits of the Social Security number: _____

Setting Type:

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

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: _____

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: _____