

CHILD WELFARE TRAINING ACADEMY - PRE-SERVICE TRAINING WAIVER REQUEST FORM

Managers may request pre-service training waiver for social workers, family support workers, nurse care managers/ nurses who have successfully completed CWTA pre-service training within the past 24 months and have not had a lapse in employment exceeding 60 days.

Complete the form in its entirety and submit to CWTA at cwta.training@dc.gov.

INDIVIDUAL REQUIRING WAIVER'S INFORMATION (PLEASE TYPE/ PRINT INFORMATION)

| | | | |
|--|-------------------------|------------------|---------------|
| NAME OF HIRE (LAST NAME, FIRST NAME) | AGENCY: | POSITION TITLE: | DATE OF HIRE: |
| NAME OF REQUESTER: (LAST NAME, FIRST NAME) | ADMINISTRATION/AGENCY: | POSITION TITLE: | |
| REQUESTER EMAIL ADDRESS: | REQUESTER PHONE NUMBER: | DATE OF REQUEST: | |

CERTIFICATION/VERIFICATION

I am requesting a Pre-Service Training Waiver of the Pre-Service Training Requirements. In so doing, I am verifying that the above employee is currently employed with this agency and that the information contained above is complete and accurate. The above employee has attended and successfully completed CFSA CWTA pre-service training within the past 24 months.

Signature of Requestor

Date

For Completion by CWTA

PRESERVICE TRAINING COMPLETION DATE: _____

APPROVED

CONTINGENT APPROVAL

DENIED

CONTINGENCIES:

REASON FOR DENIAL:

PROGRAM MANAGER SIGNATURE

DATE OF DECISION

PROGRAM ADMINISTRATOR SIGNATURE

DATE OF DECISION

CHILD WELFARE TRAINING ACADEMY • 200 I STREET, SE • WASHINGTON, D.C. 20003