



PRE-SERVICE TRAINING WAIVER REQUEST FORM

Managers may request pre-service training waiver for social workers, family support workers, nurses and nurse care managers who have successfully completed CWTA pre-service training within the past 24 months and have not had a lapse in employment exceeding 24 months (see policy for other eligibility requirements). Complete the form in its entirety and submit to: cwta.training@dc.gov.

PLEASE TYPE/PRINT INFORMATION

| REQUEST DATE | HIRE DATE | START DATE | LAST PRE-SERVICE TRAINING COMPLETION DATE |
|--------------|-----------|------------|---|
| | | | |

| | | |
|---------------------------------|-----------------------|----------------------|
| EMPLOYEE LAST NAME, FIRST NAME | AGENCY | POSITION TITLE |
| | | |
| REQUESTER LAST NAME, FIRST NAME | AGENCY/ADMINISTRATION | POSITION TITLE |
| | | |
| REQUESTER EMAIL ADDRESS | REQUESTER DESK PHONE | REQUESTER CELL PHONE |
| | | |

SUPERVISOR CERTIFICATION/VERIFICATION

I am requesting a waiver of the pre-service training requirements on behalf of the above-named employee. In so doing, I am verifying that the individual named is currently employed with this agency and has attended and successfully completed CWTA's pre-service training within the past 24 months. I attest that the information contained herein is complete and accurate.

SIGNATURE OF REQUESTOR

DATE

PLEASE DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY CWTA

APPROVED

CONTINGENT APPROVAL

DENIED

| CONTINGENCIES | REASON FOR DENIAL |
|---------------|-------------------|
| | |

PROGRAM MANAGER SIGNATURE

DATE

PROGRAM ADMINISTRATOR SIGNATURE

DATE

CWTA provides the District of Columbia's direct service staff social workers, nurses and nurse care managers, resource parents, community partners and others with the knowledge, skills, and support that effectively promote the safety, permanence and well-being of children and families in the District.

