

**HOME VISITOR
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.

Setting Type: _____ Home Visitor

Candidate for CDA Assessment: _____ Social Security# _____

NAME OF PERSON REQUIRING WAIVER: _____

ADDRESS: _____

DAYTIME TELEPHONE: (____) _____ DATE MAILED: _____

I request a waiver as: Advisor Parent/Community Representative Candidate for CDA Assessment.

Eligibility or Information Collection Requirement(s) that I do not meet: *(Please list what requirements you do not meet):*

Explain what qualifications you would like to substitute *(Submit supporting written evidence):*

Please explain any special conditions:

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

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