



# Individual Waiver Training Plan Eligibility Verification Form

Effective Date: 6-15-16

## Directions:

1. This form is for Preservice Waiver applicants ONLY.
2. The applicant's training entity designee completes this form.
3. The training entity Point of Contact will collect completed forms and any required supporting documentation, review for completeness, and scan/email all documents to the FCB certification specialist assigned to their region AT LEAST 3 business days before the requested exam date. *Note: Contact the FCB if you do not know the email address of the certification specialist assigned to your region.*

### Part 1: Applicant Information. Enter your name exactly as it is associated with your FCB account.

Full Name

Email Address

### Part 2: Individual Waiver Training Plan Eligibility Information. Select one of the following options.

- Applicant failed to earn full certification before their provisional certification expiration date and was not eligible for a Provisional Extension and the employing agency agrees to develop and implement an Individual Waiver Training Plan as detailed in 65C-33.010, F.A.C.
- Applicant has significant related educational and employment experience and the employing agency agrees to develop and implement an Individual Waiver Training Plan as required by 65C-33.010, F.A.C.

Please provide a summary of the education, training and experience of the applicant and why the applicant should be approved for an Individual Waiver Training Plan meeting the requirements of 65C-33.010, F.A.C. in lieu of completing the full DCF preservice curriculum. Attach additional pages if necessary.

### Part 3: Individual Waiver Training Plan Eligibility Attestation

Name of Individual Completing Form

Title

Work Email Address

Work Phone

I have read and understand the Individual Waiver Training Plan requirements pursuant 65C-33.010, F.A.C. and attest that the employing agency has agreed to ensure the applicant completes the Individual Training Plan as a condition of eligibility for full certification.  Yes  No

Documentation of the applicant's Individual Waiver Training Plan, including completion of all requirements will be maintained by the employing agency and documentation of such will be submitted as part of the individual's application for full certification.  Yes  No

I consent to an audit of agency records if requested to verify my attestation.  Yes  No

*By my signature, I attest that the above material is true to the best of my knowledge.*

Signature (FCB accepts both manual and electronic signatures)

Date