



Individual Waiver Test Eligibility and Registration Form

Effective Date: 1-16-19

Directions: This form is for individuals who are seeking to waive preservice pursuant to 65C-33.010 and individuals who need to test for reinstatement purposes. The training entity Point of Contact will complete this form; scan/email it to their region's assigned FCB certification specialist and ensure fee payment is arranged **NO LATER THAN 3 DAYS BEFORE THE REQUESTED TEST DATE.**

Part 1: Applicant Information. Name and email must exactly match the individual's FCB account.	
Full Name _____	
Email Address _____	
Part 2: Training Entity Primary Contact Information	
Training Entity Name _____	Region _____
Point of Contact Name _____	Phone Number _____
Email Address _____	
Proctor Name _____	_____
Email Address _____	Phone Number _____
Part 3: Testing AND Fee Payment Information	
Test Type <input type="checkbox"/> PI <input type="checkbox"/> CM	Test Date* _____
Exam Site Name _____	
Exam Site Physical Address _____	
Fee Payment Method: <input type="checkbox"/> DCF Region Pay <input type="checkbox"/> CBC Lead Agency Pay <input type="checkbox"/> CMO Agency Pay <input type="checkbox"/> Individual Pay	
<i>*All paperwork and fee payments must be approved by the FCB at least 3 business days before the requested test date and all requests for Special Accommodations must be received at least 10 business days before the requested test date.</i>	
Part 4: Eligibility (select one of the following categories)	
<input type="checkbox"/> Applicant has significant related educational and employment experience and the employing agency agrees to develop and implement an Individualized Waiver Plan pursuant to 65C-33.010(5). (GO TO Part 5)	
<input type="checkbox"/> Applicant failed to earn provisional certification before the expiration date; is not eligible for a provisional extension; and will complete an Individualized Waiver Plan pursuant to 65C-33.010(5). (Skip Part 5/GO TO Part 6)	
<input type="checkbox"/> Applicant has an expired credential and must take the waiver test as a condition of reinstatement. (Skip Part 5/GO TO Part 6)	
Part 5: Additional Paperwork Submission Information	
CWP Application <i>Must be completed online, by the applicant.</i> _____	
Level 2 Background Check Form _____	
Formal Education Verification Form _____	
<i>*Indicate "who" will complete each required form on behalf of the applicant.</i>	
Part 6: Applicant Attestation (select one)	
<input type="checkbox"/> I have read and understand the requirements of 65C-33.010, F.A.C and attest that I will complete an Individualized Training Plan pursuant to Florida Administrative Code (F.A.C.) before applying for and upgrade from provisional to full certification.	
<input type="checkbox"/> I understand the requirements for reinstatement and attest that I will comply with all reinstatement policies, procedures and fee payments established by the FCB.	
<i>By my signature, I attest that the above information is true to the best of my knowledge and I consent to an audit of my employment/personnel records if requested by FCB to verify my attestations.</i>	
Signature (FCB accepts both manual and electronic signatures) _____	Date _____