

Site Supervisor or Program Director Staffing Qualifications Waiver Extension Request

Section 1 – Contractor Information																	
Contractor Name and Vendor Number			Subcontractor Name if applicable														
Contractor Address: Include City, State, ZIP Code																	
Program Director or Executive Officer Name and Telephone Number																	
Section 2 – Waiver Applicant Information																	
Waiver Applicant Name (First, Middle, Last)			Other Names Used by the Applicant														
Site Name Where Applicant will Work			Waiver Request is for Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/>														
Section 3 – Indicate and Document Education			Section 4 – Indicate and Document Permits/Credentials currently held by Waiver Applicant														
Submit Transcripts for all College Units and Degrees Earned			Submit Copy of Permit and/or Credential														
High School Graduate or Equivalent: Yes <input type="checkbox"/> No <input type="checkbox"/> Highest College Degree Completed: A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. <input type="checkbox"/>			Permit and/or Credential currently held:														
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">None</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Associate Teacher</td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td>Teacher</td> <td><input type="checkbox"/></td> <td>Master Teacher</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Single/Multiple Subject Teaching Credential</td> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			None	<input type="checkbox"/>	Associate Teacher	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Master Teacher	<input type="checkbox"/>	Single/Multiple Subject Teaching Credential	<input type="checkbox"/>		
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Teacher	<input type="checkbox"/>	Master Teacher	<input type="checkbox"/>														
Single/Multiple Subject Teaching Credential	<input type="checkbox"/>																
Total Units Completed				Document													
Field of Study				Expiration Date													
Section 5 (A)(B) – Waiver Extension Criteria																	
5(A) Significant and continuous progress towards permit while on waiver. List the course work completed towards obtaining the desired permit while the waiver applicant was on waiver.																	
Course No.	Course Title	Units	Grade	College Name	Semester (e.g., Fall 2010)												
Degree Awarded While on Waiver			Units Completed:														
			Overall		ECE/CD												

5(B) Describe the extenuating circumstance(s) that prevented the waiver applicant from obtaining permit while on waiver.	
Section 5(B) Response	
Section 6 – Education/Experience Plan	
(1) State the permit title and option the waiver applicant is pursuing on the Child Development Permit Matrix found at www.cde.ca.gov/sp/cd/ci . (2) State the coursework, and/or experience requirements needed by the waiver applicant. (3) Describe the waiver applicant’s education plan (by semester) for acquiring the coursework needed to attain the permit.	
Section 6 Response	
Section 7 – Required Certification Signatures	
Waiver Applicant Certification	
I, the Waiver Applicant, certify that the information provided accurately reflects my education, coursework, and extenuating circumstance(s).	
Waiver Applicant’s Signature and Date	
Contractor Certification	
I, the Contractor’s Authorized Representative, certify the existence of a compelling need as specified in <i>California Code of Regulations</i> , Title 5 (5 CCR), Section 18295. Evidence supporting the compelling need is documented and available on-site for review. If a waiver is granted, the contractor will ensure that a qualified program director or site supervisor will be employed by the end of the waiver term (5 CCR, Section 18295[c]).	
Authorized Representative’s Signature and Date	
Print Name and Title	

Submit Completed Form to:
 Early Education and Support Division
 California Department of Education
 1430 N Street, Suite 3410
 Sacramento, CA 95814-5901
 916-322-6233/Fax 916-323-6853