

Request for Waiver of First Aid and CPR Training for Personal Care Assistance Staff

Date: _____

Name of PCA Agency Requesting Waiver:		
Contact Name:		
Phone:	Email:	Fax Number:

Employee for whom waiver is being requested

Last Name:	First Name:	Hire Date:	Previous CPR FA certification expiration dates if applicable:		Town/City of employ/residence:
			CPR	First Aid	

We request a waiver for the above PCA staff person for the following reasons: (be specific)

--

We request a waiver for the following time period: _____

Our plan for ensuring the employee is in compliance with the training requirements before the expiration of the six month waiver is as follows: (include expected date of completion of training)

--

Has a prior waiver been approved? Yes No

If Yes, for what time periods and how much approved waiver time was utilized (period between waiver approval and date of certification)?

--

Completed forms may be e-mailed to HSS.DSDSQA@alaska.gov or faxed to (907) 269-3690

This section for SDS Use Only:

Waiver Approved

Waiver Denied

Dates Waiver Approved: _____

Dates Waiver Denied: _____

Approved by: _____

Waiver Denial Reason: _____

Denied by: _____

Comments: _____