

**Training Exception Form-
For Reinstated Specialists (different program/track) or
Out of State Specialists**

Please submit to ChildWelfareTraining@okdhs.org for enrollment

Specialist Name:

County

Track: (Select One)

Reinstated Employee

Previous Track/Program

Track/Program Now:

Child Protective Services

Comprehensive

Family Centered Services

Hotline

Permanency Planning

Post-Adoption

Resource Specialist

Other:

Out of State Experience- no prior OK DHS/CWS experience

If the Child Welfare Specialist is *not* in the same track/program as previously, OR the Child Welfare Specialist is an Out-of-State employee with *no prior* OKDHS CWS experience, please complete the following form and submit to the Child Welfare Training Folder: ChildWelfareTraining@okdhs.org

The following four items ***are optional*** for the specialist to complete. ***If checked***, this indicates the supervisor ***is requesting/requiring*** the specialist to complete:

At this time, the following is being recommended (Check all that apply):

Module 3 (online and classroom) for this Child Welfare Specialist.

Module 6 (Child and Adult interviews, and AOCs certification) for this Child Welfare Specialist.

Enrollment in On the Job Training (OJT) - ***Supervisor can determine which activities specialist completes***

KIDS on line training course- enrollment request is this document

At this time, the following is being recommended (Check all that apply):

Post CORE Required Levels for this Child Welfare Specialist- enrollment into courses will be completed once this document is received

I have consulted with my FM/DD regarding my decision

Training Exception Justification-Required to complete

This Child Welfare Specialist is eligible for a full caseload assignment of 100%. The supervisor has the discretion to determine whether or not the specialist will receive that, or a caseload lower than 100%. Please see the Training Exception Justification narrative for the decision.

I have observed at least one child interview and approve this specialist be fully certified.

I have observed at least one adult interview and approve this specialist be fully certified.

I have communicated with KIDS regarding the specialist's status and included **both** the Deputy Director **and** Assistant Child Welfare Director on the email communication.

Please submit this form to the training unit at: ChildWelfareTraining@okdhs.org for assistance with enrolling the specialist into their required courses.

Specialist Typed Name

Specialist U Number

Date

Specialist Signature

Supervisor Typed Name

Supervisor U Number

Date

Supervisor Signature

District Director / Field Manager Typed Name

District Director / Field Manager U Number

Date

District Director / Field Manager Signature