

# Training Exception – Reinstated Specialist Same Track

**Specialist Name:**

**County:**

Reinstated Employee

Previous Track/Program

**Track/Program Now: (Select One)**

Child Protective Services

Comprehensive

Family Centered Services

Hotline

Permanency Planning

Post-Adoption

Resource Specialist

Other:

**If the Child Welfare Specialist is in the same track/program as previously, check only those that are being requested for the specialist to complete:**

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

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

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

Post CORE Required Levels for this Child Welfare Specialist

**This section is required to be completed for training exception approval:**

I have consulted with my FM/DD regarding my decision

This Child Welfare Specialist is approved to carry **100% caseload and be fully certified**

**Training Exception Justification – Required to complete**

I have communicated with KIDS via email [KIDSProblemReport@okdhs.org](mailto:KIDSProblemReport@okdhs.org) 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](mailto:ChildWelfareTraining@okdhs.org) for tracking purposes and 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