

# Training Exception – Rehire Specialist Same Program

**Specialist Name:**

**County:**

Rehire Employee

Last Date of Duty with Oklahoma CWS

Previous Program

Start & End Date

Other Previous Programs with Start & End Dates

Work Experience Since Separation

**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 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 a **caseload and be fully certified**

## Training Exception Justification – Required to complete

**Supervisors** – For instruction on how to enter a Rehire/New Hire in KIDS, please see the “Rehires and New Hires in KIDS” How to located on the Child Welfare Training Website in the Training Exceptions Rehire / New Hire section. <https://cwtraining.oucpm.org/training/core/>.

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