

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 assessment) 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

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 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 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