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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-00385 (02/11) | **STATE OF WISCONSIN** |
| **NURSE AIDE TRAINING****STUDENT WAIVER REQUEST** |
| * The purpose of this form is to provide the Division of Quality Assurance (DQA) with information regarding a student’s request to complete their training beyond the enrolled course completion date. This form should be used when a student has started a course but is unable to complete the training by the end of the specific course. Examples would include excessive absences, medical or personal issue.
* If you have any questions about the completion of this form, please contact the Office of Caregiver Quality at (608) 261-8328.
* Submit this completed form to: Wisconsin Nurse Aide Training Consultant

Office of Caregiver QualityP.O. Box 2969Madison, WI 53701-2969FAX: 608-264-6340* **Attach doctor’s note, if applicable.**
 |
| **PROGRAM INFORMATION** |
| Name – Program      | Program Number      |
| Address – Street or P.O. Box      | City      | State      | Zip Code      |
| Name – Contact Person      | Telephone Number      | E-mail Address      |
| **STUDENT INFORMATION** |
| Name – Student      | Social Security Number      |
| **TRAINING INFORMATION** |
| Class Start Date      | **Class Dates and Hours Missed** |  |
| **Dates Missed** | **Hours Missed** |
| Class End Date      |       |       |
|       |       |
|  |       |       |
|       |       |
| **TOTAL HOURS MISSED** |       |
| **PLAN FOR MAKE-UP** |
| Date(s) of Make-up Time      |
| Reintegration Plan *(if make-up is not immediate)*      |
| Comments      |
| **DHS USE ONLY** |
|  [ ]  **Approved** – Program must be completed by: |       |
|  [ ]  **Approved Pending** – Information Needed |       |
|  [ ]  **Denied** |
| Reason for Denial      |
| **SIGNATURE** – Reviewer | Title      | Date Signed |