

# Child Protection Team Waiver Request Form

The Child Protection Team Waiver Request Form and supporting documents shall be submitted electronically via the CPTSATPApproval@flhealth.gov inbox for review by Children's Medical Services, Bureau of Child Protection and Special Technologies.

**Contract Number:**

**Agency Name:**

**Team Coordinator:**

**Applicant's Name:**

**Position Applied for:**

**Type of Waiver:**

- **College Degree Waiver**
- **Lack of Experience Waiver**
- **College Degree and Lack of Experience Waiver**

Please explain how applicant does not meet the minimum requirements per Rule 64C-8.002, Florida Administrative Code:

Efforts to hire a candidate that meets Rule 64C-8.002, Florida Administrative Code:

Length of time position vacant:

Method(s) of advertisement:

Explanation of how a granted waiver will not adversely affect the quality of Child Protection Team services:

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**Lack of Experience Waiver** - Describe the Child Protection Team's plan to ensure that the applicant will work towards meeting the minimum requirements of Rule 64C-8.002, Florida Administrative Code: