Executive Office of Aging & Independence

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KIAME MAHANIAH, MD, MBA
Secretary, Executive Office of Health & Human Services

ROBIN LIPSON
Secretary, Executive Office of Aging & Independence

REQUEST FOR WAIVER OF EDUCATION/EXPERIENCE STANDARDS

Date: _____

ASAP Name: _____

Candidate Name: _____

Type of Waiver being requested (please choose one selection from the options below):

Protective Services	Home Care	Senior Care Options	Community Transition Liaison
☐ PS Supervisor – Education (PSS)	☐ Care Manager (CM)	☐ Geriatric Support Services Coordinator (GSSC)	☐ Community Transition Liaison – (CTL)
☐ PS Supervisor – Experience (PSS)			
☐ PS Worker – Education (PSW)			
☐ PS Worker – Experience (PSW)			

Has an Education Waiver previously been requested for this Candidate? Yes ☐ No ☐

If yes, date of prior request: _____

Does the Candidate speak multiple languages to support the needs of ASAP constituents?
Yes ☐ No ☐

Current Educational level attained by Candidate: _____

_____

Discipline: _____ Date of most recent coursework: _____

Other educational experience or certificates: _____

_____

*Relevant employment and/or volunteer experience: _____

_____

Provide Examples of Special skills and/or background: _____

_____

ASAP education/orientation plan:

Terms of proposed education/training plan to provide additional support to the candidate above the current ongoing orientation schedule for bachelors level candidate that will meet their onboarding needs and provide additional case management training needs:

Outline a summary of reasons for waiver request: Please include an estimate of potential for success in the role and additional training offered to support onboarding (for example: Certificate Initiative):

ASAP Signatures:

_____

Hiring Staff Member Title Date

_____

ASAP Human Resources Title Date

*Current Resume attached to request: Yes ☐ No ☐

For Aging & Independence (AGE) completion:

WAIVER GRANTED ☐

WAIVER DENIED ☐

_____ _____

AGE Title Date

Comments:

_____

_____

_____

_____

_____

For ASAP completion:

Filed in Employee Record by: _____Date: _____

***Please include a current resume with your submission**
For CTL, GSSC and Home Care CM Submissions please send to:
Shannon.K.Turner@mass.gov
For PSW and PSS Submissions please send to: Bree.Cunningham@mass.gov