

AIT REQUEST FOR WAIVER OF PARTIAL TRAINING HOURS

*****Only complete this form and submit if you are requesting a waiver of hours. If you are not requesting a waiver of hours, do not complete or submit this form.**

I, _____ am requesting the following training be waived:
(Please Print Full Name)

I understand hours towards my training, in resident care and quality of life, **may** be waived based on the following criteria (**choose one only**);

RN or LPN - 160 hours

To qualify, applicant must submit:

- An affidavit of licensure pursuant to OAR 331-030-0040, demonstrating proof of current licensure as an LPN or RN, with no current or pending disciplinary actions and with no fines, fees, or civil penalties currently owing. The affidavit must be sent directly to the HLO from the licensing entity; and
- Proof of having three years of experience within the last five years as a LPN or RN in a long-term care facility.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

OR

CNA - 80 hours;

To qualify, applicant must submit:

- An affidavit of licensure pursuant to OAR 331-030-0040, demonstrating proof of current CNA certification with no current or pending disciplinary actions and with no fines, fees, or civil penalties currently owing. The affidavit must be sent directly to the HLO from the licensing entity; or
- A certificate of completion from a CNA program within the last two years preceding the date of registration application:

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

This request form must be submitted with your AIT application.

Signature: _____ **Date:** _____