

**REQUEST FOR WAIVER OF INSTRUCTOR APPROVAL QUALIFICATIONS**

SCHOOL NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

This form is used in conjunction with the Instructor Form HPOSA Page 12-13 when applying for a waiver of instructor approval qualification(s). Do not use this form if you are not seeking a waiver of any of the qualifications.

Name of Proposed Instructor: \_\_\_\_\_

Subject area(s) to be taught: \_\_\_\_\_

Waiver is being sought of the following qualification(s) because the proposed instructor:

- is not at least 18 years of age
- does not hold a high school diploma or other equivalency recognized by the board (G.E.D.)
- does not have at least two years of experience in the skill or subject taught within ten years immediately preceding employment by the school, or does not have the equivalent in teacher training approved by the board in the skill or subject taught

List below the reasons for requesting waiver (detail person's other qualification(s) that you feel may supersede the qualification(s) for which you are seeking a waiver.) Be specific:

(A completed Instructor Form HPOSA AP Page 12-13 and Resume together with other supporting materials that highlight the qualifications of the proposed instructor must be attached).

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School/Program Director

The Executive Director's designee has reviewed the attached material and the following determination has been made:

Waiver Granted: \_\_\_\_\_ Waiver Denied : \_\_\_\_\_ Date: \_\_\_\_\_