

**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 Quality  
P.O. Box 2969  
Madison, WI 53701-2969  
FAX: 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
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**TRAINING INFORMATION**

Class Start Date	Class Dates and Hours Missed	
	Dates Missed	Hours Missed
Class End Date		
	<b>TOTAL HOURS MISSED</b>	

**PLAN FOR MAKE-UP**

Date(s) of Make-up Time

Reintegration Plan *(if make-up is not immediate)*

Comments

**DHS USE ONLY**

<input type="checkbox"/> <b>Approved</b> – Program must be completed by:		
<input type="checkbox"/> <b>Approved Pending</b> – Information Needed		
<input type="checkbox"/> <b>Denied</b>		
Reason for Denial		
<b>SIGNATURE</b> – Reviewer	Title	Date Signed