



EXECUTIVE OFFICE OF ELDER AFFAIRS  
 COMMONWEALTH OF MASSACHUSETTS  
 ONE ASHBURTON PLACE, BOSTON, MA 02108  
 (617) 727-7750 | [Mass.gov/elders](http://Mass.gov/elders)

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 SECRETARY, EXECUTIVE OFFICE OF  
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 SECRETARY, EXECUTIVE OFFICE OF ELDER AFFAIRS

**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
<input type="checkbox"/> PS Supervisor – Education (PSS)	<input type="checkbox"/> Care Manager (CM)	<input type="checkbox"/> Geriatric Support Services Coordinator (GSSC)	<input type="checkbox"/> Community Transitions Liaison – (CTL)
<input type="checkbox"/> PS Supervisor – Experience (PSS)			
<input type="checkbox"/> PS Worker – Education (PSW)			
<input type="checkbox"/> 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 trainings offered to support onboarding (for example: BU Cader):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASAP Signatures:**

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Hiring Staff Member	Title	Date
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ASAP Human Resources	Title	Date
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**For Elder Affairs completion:**

WAIVER GRANTED

WAIVER DENIED

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Elder Affairs	Title	Date
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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](mailto:Shannon.K.Turner@mass.gov)**  
**For PSW and PSS Submissions please send to: [Bree.Cunningham@mass.gov](mailto:Bree.Cunningham@mass.gov)**