

## HIGH SCHOOL DIPLOMA/GED WAIVER REQUEST

The purpose of the rule waiver process is to allow direct support professionals up to two years to obtain their general education diploma (GED) or high school diploma as required in OAC 5123: 2-2-01(D)(1)(c) or OAC 5123: 2-3-01(F)(1)(c). Unless the waiver is non-expiring, the employee must obtain the HSD or GED before the waiver expires. The waiver may be renewed for an additional one year only under extenuating circumstances.

**Instructions: Please fill out this form completely and return to DODD via email at**

[Diploma-GEDWaiver@dodd.ohio.gov](mailto:Diploma-GEDWaiver@dodd.ohio.gov)

Date of Request: [Click here to enter text.](#)

IDENTIFY THE TYPE OF HSD/GED WAIVER BEING REQUESTED:

- Non-Expiring Waiver (Only available for DSPs over 50 years old, DSPs who will only provide services to family members, or DSPs who will only provide transportation.) ☐
- Initial Waiver for 2 years ☐
- One Year Renewal Waiver ☐
  - Enter extenuating circumstances that warrant the renewal of the waiver: [Click here to enter text.](#)

County: [Click here to enter text.](#)

Agency Name: [Click here to enter text.](#)

Agency/Facility Contact Person: [Click here to enter text.](#)

Contact Person's Email Address: [Click here to enter text.](#)

Select Setting Type: Unlicensed Waiver ☐

Licensed ICF ☐

Facility Name: [Click here to enter text.](#)

Licensed Waiver ☐

Facility Name: [Click here to enter text.](#)

1. Full name of individual for whom the waiver is requested: [Click here to enter text.](#)
2. Last 4 digits of SS#: [Click here to enter text.](#)
3. Date of Birth: [Click here to enter a date.](#)
4. Expected Date of Hire: [Click here to enter a date.](#)
5. Job Title: [Click here to enter text.](#)
6. Job Duties: [Click here to enter text.](#)
7. Explanation of why the provider would like to hire the applicant in a direct service position: [Click here to enter text.](#)
8. Will this applicant be responsible for administering medications to any individual? [Choose an item.](#)

## HIGH SCHOOL DIPLOMA/GED WAIVER REQUEST

*Note: Employee MUST have HS Diploma/GED to be certified to administer medications and employees cannot administer medications without valid certification.*

**THIS REQUIREMENT CANNOT BE WAIVED**

9. Is the applicant enrolled in High School or a GED program? [Click here to enter text.](#)
10. When is graduation or completion of the GED expected? [Click here to enter text.](#)

IF YOU ARE REQUESTING A NON-EXPIRING WAIVER PLEASE ANSWER THE QUESTIONS BELOW.

11. Will this person only provide services only to family members? [Choose an item.](#)
12. Will this person only provide transportation services? [Choose an item.](#)

For DODD Use Only:

Approval Justification: [Click here to enter text.](#)

Disapproval Justification: [Click here to enter text.](#)