

CTC Occupational Experience – Exemption Request Form

Name: _____

Email: _____

Agency: _____

The number of approval credits the training event has been approved for equals the reduction of occupational experience time allowed, to a maximum of 450 hours.

1. Event/Course Title: _____

Program Sponsor/Provider: _____

Location: _____ Approval # or proof attached: _____

Date : _____ Qualifying Hours: _____

2. Event/Course Title: _____

Program Sponsor/Provider: _____

Location: _____ Approval # or proof attached: _____

Date : _____ Qualifying Hours: _____

3. Event/Course Title: _____

Program Sponsor/Provider: _____

Location: _____ Approval # or proof attached: _____

Date : _____ Qualifying Hours: _____

4. Event/Course Title: _____

Program Sponsor/Provider: _____

Location: _____ Approval # or proof attached: _____

Date : _____ Qualifying Hours: _____

5. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____

6. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____

7. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____

8. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____

9. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____

10. Event/Course Title: _____
Program Sponsor/Provider: _____
Location: _____ Approval # or proof attached: _____
Date : _____ Qualifying Hours: _____