Office of **Catholic Schools**

Diocese of Wilmington

REQUEST FOR DIOCESAN WAIVER FROM LICENSING/CERTIFICATION

Full Name:	**E-mail Address:**
Current School:	**Years of Service at Current School:**

List your past teaching experience: (attach additional pages, as needed)

Start Date	End Date	Name of School	Grade/Subject Taught

If you have ever been licensed and/or certified, please complete the following:

State where license/certificate was held:
_____ Delaware _____ Maryland _____ Other (please specify): _____

Area of certification:
_____

Date of expiration:
_____

List ALL professional development completed in the last 5 years: (attach additional pages, as needed)

Clock Hours	Title of Professional Development	Date Completed

Please explain the reason that you are requesting a waiver from the Diocesan expectation that each teacher be licensed/certified. (attach additional pages, as needed.)

_____ _____

Teacher Signature Date

I approve this application for waiver from the Diocesan expectation of licensing/certification.

_____ _____

Principal/Administrator Signature Date

Submit waiver request to: **Mary Filippone**
Personnel Coordinator
Catholic Schools Office
1626 N. Union Street
Wilmington, DE 19806

OR **mfilippone@cdow.org**