



**FOR OFFICE USE**

Exemption # \_\_\_\_\_

Date Granted \_\_\_\_\_

**PENNSYLVANIA BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS  
2601 NORTH THIRD STREET  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

PHONE: (717) 787-8503  
www.dos.pa.gov

FAX: (717) 787-7769

**ACT 31 of 2014 MANDATORY REPORTER TRAINING APPLICATION FOR  
EXEMPTION**

Complete the following form, attach documentation in support of the request for exemption. A fee is not required.

Check the box for the applicable board.

<input type="checkbox"/> State Board of Chiropractic	<input type="checkbox"/> State Board of Optometry
<input type="checkbox"/> State Board of Dentistry	<input type="checkbox"/> State Board of Osteopathic Medicine
<input type="checkbox"/> State Board of Funeral Directors	<input type="checkbox"/> State Board of Pharmacy
<input type="checkbox"/> State Board of Massage Therapy	<input type="checkbox"/> State Board of Physical Therapy
<input type="checkbox"/> State Board of Medicine	<input type="checkbox"/> State Board of Podiatry
<input type="checkbox"/> State Board of Nursing	<input type="checkbox"/> State Board of Psychology
<input type="checkbox"/> State Board of Occupational Therapy	<input type="checkbox"/> State Board of Examiners of Speech- Language Pathology and Audiology
<input type="checkbox"/> State Board of Examiners of Nursing Home Administrators	<input type="checkbox"/> State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**ADDRESS:** \_\_\_\_\_  
(NUMBER & STREET) (CITY) (STATE) (ZIPCODE)

**LICENSE NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(MM/DD/YYYY)

**NAME OF LICENSED PROFESSION:** \_\_\_\_\_

**Reason For Requesting Exemption**

(Check the appropriate box. **Please attach all relevant documentation that supports your request for exemption.**)

- I have already completed child abuse recognition training which was required by section 1205.6 of the act of March 10, 1949 (P.L. 30, No. 14), known as the Public School Code of 1949 and the training program was approved by the Department of Education in consultation with the Department of Human Services (formerly the Department of Public Welfare).
- I have already completed child abuse recognition training which was required by the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code, and the training program was approved by the Department of Human Services (formerly the Department of Public Welfare).

- I would like the licensing board to consider me for exemption based on the documentation I have attached, which demonstrates why I should not be subject to the training or continuing education requirement.

**ATTESTATION**

I, the undersigned, acknowledge that I am considered a “mandatory reporter” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended. I understand that receiving an exemption from the Board will not, in any way, alter my status as a mandatory reporter, as said exemption will solely relieve me from participating in the child abuse reporting and recognition training. I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the Board in writing and complete the required training.

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Signature of Applicant

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Date

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Printed Name of Applicant

**VERIFICATION**

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsifications to authorities) and may result in disciplinary proceedings affecting my license. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. § 4911 (relating to tampering with public records or information).

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Signature of Applicant

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Date

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Printed Name of Applicant