

# Request for Partial Waiver (of the five-year experience requirement for the PP exam)

**– The maximum waiver is two years. –**

I request a partial waiver of the five-year experience requirement for the PP examination and submit the following information regarding my post-secondary degree or other certification:

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

WorkPhone \_\_\_\_\_ HomePhone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Degree/Certification Awarded \_\_\_\_\_

Date Awarded \_\_\_\_\_

College/University/Association Awarding Degree or Certification:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with the PP Exam Application and a cover letter supporting your request to:

NALS - Education and Certification Manager  
8159 East 41st Street  
Tulsa, OK 74145  
(918) 582-5188  
Fax: (918) 582-5907  
cert-edu@nals.org