

**REQUEST FOR EXEMPTION – INTOXICATED DRIVER PROGRAM (IDP)
 EMPLOYMENT OF INDIVIDUALS WITH LESSER QUALIFICATIONS**

Completion of this form is required under HFS 62.05(2)(a) when employing assessors who do not meet the minimum qualifications per subdivision 2 of HFS 62.05(2)(a) and must be submitted to DHS/Division of Care and Treatment Services/Bureau of Prevention Treatment and Recovery for approval. Failure to comply may result in forfeiture of the assessment facility's authority to conduct IDP assessments.

Name of Assessment Facility	Name - Contact
Address	Telephone Number - Contact
County	Name – County IDP Designated Coordinator
Name – Assessor for Whom Exemption is Being Requested	

Summary of Assessor's Credentials—Education and training, degrees and/or certifications, years of experience conducting IDP assessments

Per HFS 62.05(2)(a) 2., please describe the assessment facility's need as it pertains to employment of individuals with lesser qualifications than those required by Administrative Rule HFS 62.05(2)(a)1.

Does the above-named assessor have a plan to meet the requirements of a qualified assessor as defined in HFS 62.05(2)(a)1? No Yes—Please briefly describe plan, including timeline.

Please describe how the assessment agency will work toward employment of assessors who meet the requirements stated in the rule.

SIGNATURE – Assessment Facility Contact	Date Signed
SIGNATURE – IDP Designated Coordinator	Date Signed

FOR DEPARTMENT USE ONLY	
Name – Reviewed By	Date Reviewed
Comments	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Expires (Date):