

# Provisional Extension Request

Updated January, 2024



## TO BE COMPLETED IN FULL BY MANAGER/SUPERVISOR

### SECTION 1: **APPLICANT INFORMATION**

Printed Name of Applicant: \_\_\_\_\_

Dates of Experience:

Applicant began their hours (month/date/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and is expected to complete their hours (month/date/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Facility Where Experience is Being Completed: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Is the Applicant a Current Employee of the Facility:  Yes  No

### SECTION 2: **MANAGER/SUPERVISOR INFORMATION**

Printed Name of Manager/Supervisor: \_\_\_\_\_

Current Position of Manager/Supervisor: \_\_\_\_\_

Select one:  Lead Tech  Coordinator  Supervisor  Manager  Director  Chief  Administrator  Other \_\_\_\_\_

Work Phone (with extension): \_\_\_\_\_ Work Email: \_\_\_\_\_

### SECTION 3: **AUTHORIZED MANAGER/SUPERVISOR SIGNATURE**

I attest that the applicant listed above has begun the minimum 400 hours of hands-on experience required for the Certified Registered Central Service Technician (CRCST) certification and will complete and submit the 400 hours by the extension due date, if provided. I further understand that I may be called upon to verify this information in further detail.

**Signature** (must be handwritten): \_\_\_\_\_ Date: \_\_\_\_\_