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Educator Waiver Request to: Vermont Standards Board for Professional Educators

The Vermont Standards Board for Professional Educators (VSBPE) Waiver Rule 5950

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The VSBPE may consider waiving its established rules under the following circumstances:

- A. When strict application and/or enforcement of the existing VSBPE rules would create an unintended consequence, the result of which would be contrary to the intent of the VSBPE's rules as a whole; or
- B. When strict application and/or enforcement of the VSBPE's existing rules would create an undue hardship for a licensee, an applicant, an educator preparation program, or a school district.

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The VSBPE shall only waive its rules under extraordinary circumstances, and under circumstances in which the interests of all affected learners are protected. In considering a waiver request, the decision of the VSBPE shall be final. This rule shall not apply to the consideration of particular waiver requests which are presently, or may be in the future, covered by separate, and more specific, rules regarding waivers (such as any rule pertaining to Praxis testing).

Procedure for submitting a Waiver Request to the VSBPE

- 1) Complete the attached Waiver Request Submittal Cover Sheet
- 2) Send completed Waiver Request Submittal Cover Sheet and supporting documents to the Agency of Education contact referenced on this page, two (2) weeks prior to the [VSBPE meeting](#) that you would like your Waiver to be considered.

The Agency of Education will contact you upon receipt of the Waiver Request Submittal Cover Sheet to schedule a time for you to present to the Vermont Standards Board of Professional Educators, and identify specific materials needed.

Licensing Office contact: Ronald.Ryan@vermont.gov (802) 828-3440

Waiver Request to the Vermont Standards Board of Professional Educators

1. Name of Educator requesting a waiver:

2. Waiver request for:

3. Please state School District, Supervisory Union/Supervisory District represented:

4. School District, Supervisory Union/Supervisory District Mailing Address:

Street/PO Box	City/Town	State	ZIP
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5. Phone:

6. E-mail:

I am requesting a waiver of [VSBPE Rule](#): #

Request made by (print name): _____

Date: _____

Signature