



# Child Welfare Certification Application: Certified Status

Effective Date: 6-15-16

## Directions:

1. This form is for all applicants with a valid CWPI in Provisional status; CWCM in Provisional status; or CWLC in Provisional status who are seeking full certification.
2. This form may only be completed by the applicant.
3. The training entity Point of Contact will collect applications, review for completeness, and scan/email complete applications to the FCB certification specialist assigned to their region **AT LEAST 30 CALENDAR DAYS BEFORE THE APPLICANT'S PROVISIONAL CERTIFICATION EXPIRATION DATE.**
4. This application will be assigned to a Certification Specialist for processing when the FCB has verified the applicant has an account in the FCB's online certification system AND the \$100 provisional certification application fee has been paid or, for eligible applicants, billed to the employer/contract. Note: Fee becomes effective July 1, 2016.
5. All on-the-job supervision and competency verification requirements and on-the-job experience requirements must be met and documentation must be received at least 30 calendar days before your provisional certification expiration date.
6. The first time your CWPI, CWCM or CWLC credential is issued in certified status, it will be valid for slightly less than or slightly more than 12 months, depending on the date your credential is issued. Credentials issued for the first time in the months of August, September or October will renew the following October 31<sup>st</sup>. After the first renewal, the credential will be issued for a 2-year period, always expiring on October 31<sup>st</sup> of the renewal year. Once the full credential is held, you must complete at least 20 CEUs each year.

<b>Part 1: Credential Specification.</b> Please Indicate the credential you are seeking.	
<input type="checkbox"/> Protective Investigator (CWPI)	<input type="checkbox"/> Case Manager (CWCM)
<input type="checkbox"/> Licensing Counselor (CWLC)	
<b>Part 2: Applicant Information.</b> Provide requested information EXACTLY as it is associated with your FCB account.	
Full Name _____	
Email Address _____	
<b>Part 3: Employer Type and Payment Information</b>	
Indicate your employer type: <input type="checkbox"/> DCF <input type="checkbox"/> Sheriff Office <input type="checkbox"/> CBC Lead Agency <input type="checkbox"/> Case Management Organization	
A \$100 Child Welfare Certification Upgrade application fee is due with this application (effective July 1, 2016). Fees are nonrefundable and nontransferable. Indicate your payment method:	
<input type="checkbox"/> My check or money-order is enclosed. Check/MO Tracking Number: _____ Amount: _____	
<input type="checkbox"/> Please invoice me for online payment by credit card (VISA, MasterCard, American Express, Discover)*	
<input type="checkbox"/> I will call the FCB office to make a credit card payment. <i>We will charge you a \$5 processing fee for each individual credit card payment manually processed by FCB staff.*</i>	
<input type="checkbox"/> I work for an employer who pays FCB directly for my certification fee. Please bill my employer.**	
<input type="checkbox"/> I work for a DCF or Sheriff Office in a Protective Investigator position. Please bill my fee to the contract.**	
<small>*Please allow FCB 2 business days, from receipt of this application, to generate invoices before attempting to make payments. **The FCB will verify eligibility before processing this application.</small>	
<b>Part 4: Assurance and Release.</b>	
I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in my online account and this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.	
I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.	
Signature (FCB accepts both manual and electronic signatures) _____	Date _____