



# On-the-Job Supervision and Competency Verification Form

Effective Date: 6-15-16

## Part 1: Applicant Information. Enter your name exactly the same as is associated with your FCB account.

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Provisional Certification Start Date\*: \_\_\_\_\_ Provisional Certification Expiration Date: \_\_\_\_\_

Credential Sought:  CWPI  CWCM  CWLC

\*This is the date you passed the exam

## Part 2: Supervisor's Contact Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_

## Part 3: Direct Supervision Hours

1. I **OBSERVED** the applicant in the field and conducted a follow-up **CASE CONSULTATION**.  Yes\*  No

1b. \* If "yes", how many field observations/case consultations did you complete?

2. I provided **INDIVIDUAL** supervision to the applicant.  Yes\*  No

2b. \* If "yes", how many hours of individual supervision did you provide (min. of 15 minute increments)?

3. I provided **GROUP** supervision to the applicant.  Yes\*  No

3b. \* If "yes", how many hours of group supervision did you provide (min. of 15 minute increments)?

## Part 4: On-the-Job Competency Demonstration

As a qualified supervisor, **do you have any concerns** about the applicant's ability to competently perform child welfare services under standard supervision?  Yes\*  No

\* It is anticipated that, especially in the early months of provisional certification, not all direct supervision activities will result in a competent demonstration of on-the-job skills. This event should be viewed as a learning and teaching opportunity and additional supervision should be provided until competency is demonstrated consistently. Only supervision of competent job performance is eligible for certification purposes.

## Part 5: Attestation

I have read and understand the on-the-job supervision and competency requirements for Child Welfare certification.  Yes  No

I consent to an audit of agency records if requested to verify my attestation.  Yes  No

By my signature, I attest that the above material is true to the best of my knowledge.

Signature (FCB accepts both manual and electronic signatures) \_\_\_\_\_

Date \_\_\_\_\_