



Related Work Experience Verification Form

Effective Date: 6-15-16

Directions:

1. This form is for all applicants who are provisionally certified and are seeking full certification.
2. The applicant OR the training entity designee may complete part 1 of this form.
3. The applicant's employer's designee completes part 2 of this form.
4. The training entity Point of Contact will collect completed forms and any required supporting documentation, review for completeness, and scan/email all documents to the FCB certification specialist assigned to their region at least 30 calendar days before the applicant's provisional certification expiration date. *Note: Contact the FCB if you do not know the email address of the certification specialist assigned to your region.*

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: Verifier's Contact Information

Last Name _____

First Name _____

Title _____

Employer _____

Email Address _____

Business Phone _____

Part 3: Related Work Experience Attestation

I have read and understand the related work experience requirement for Child Welfare certification. Yes No

Applicant's Position Title: _____

Start Date: _____ End Date: _____

Employment Status: Full-time Part-time*

*If part-time, average # of hours per week providing CW services: _____

The FCB must have a copy of the employer's most recent position description to verify related work duties. Indicate how verification is provided to the FCB:

Official agency position description attached.

Official agency position description on file with FCB.

Other (describe): _____

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 _____