



Child Welfare Provisional Certification Extension Policy and Application

Effective Date: 2-24-15

Purpose: Provisional certification is valid for a 12-month period; starting on the date a passing score was earned on the child welfare exam. Within the 12-month period, provisionally certified individuals are to complete additional requirements, apply for and hold full certification. Individuals able to demonstrate extenuating circumstances may apply for a one-time extension to complete full certification requirements.

Policy:

- A. Provisional certification extensions may be granted to individuals who were not able to earn full certification within required timeframes for the following reasons:
 - a. Extended absence from work for maternity/paternity leave, Family and Medical Leave Act (FMLA), or other extended illness. The extension will be equal to the amount of time the employee was on approved leave.
 - b. Part-time staff. The extension will be granted for 6 months.
 - c. Discipline transfer mid-certification. The extension will be granted for 6 months.
 - d. Other circumstance. The applicant must submit a written Extension Request Memo (see last page of this document) packet for review and action by the Child Welfare Advisory Council (CWAC). The length of the extension will vary based on circumstances, not to exceed 6 months.
- B. Eligible individuals may apply for a one-time provisional certification extension by meeting the following conditions:
 - a. Must submit a Child Welfare Provisional Certification Extension Application, including supporting documentation, a minimum of three (3) weeks prior to the provisional certification expiration date. Individuals are NOT eligible to apply for an extension after the provisional certification has expired.
 - b. Must agree to complete requirements and apply for full certification at least two (2) weeks before the extension period ends.
 - c. Must pay a \$75 fee.
- C. When granted, the extension start date begins on the Provisional Certification expiration date.
- D. Failure to earn full certification by the extension expiration date will result in the credential being placed on inactive status and the individual is no longer qualified to perform or supervise others performing caseload carrying responsibilities.
- E. Inactive provisional certification may not be reinstated. Individuals failing to earn full certification by the end of the extension period must start the certification process as a new applicant, meeting all standards in place at the time of re-application, including all mandatory forms, test requirements, and fee payment.
- F. Extension requests will be reviewed for action within 10 working days of receipt.
 - a. When FCB grants an extension, the applicant will receive an email verifying the extension, including the extension end date. The applicant will not receive a new provisional certification card with the new extension date. The FCB will update the database to reflect the new expiration date. The search results from the FCB website serves as official verification of the expiration date.

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- b. When FCB denies an extension, the applicant will receive an email indicating the denial and restating the (1) current expiration date and (2) consequences for failure to earn certification within required timeframes. A written letter will be sent to the applicant, as well.
- c. When a request must go to the Child Welfare Advisory Council (CWAC) for review and action, the FCB will forward the extension request (application and any supporting documentation) to the CWAC and schedule a conference call for discussion within 10 days of receipt of the extension request. In the instance that the CWAC cannot meet and vote on the issue prior to the expiration of the original provisional certification, the FCB will automatically grant the extension until the CWAC can meet.

Extension Eligibility Table:

Eligibility	Definition	Length of Extension
Maternity or Paternity Leave	The amount of time a new mother or father takes off after the birth of a child	Equal to length of approved leave
FMLA	Any leave taken under the Family Medical Leave Act	Equal to length of approved leave
Extended Illness	Leave due to illness or injury that has exhausted all available sick leave and results in continued absence due to the illness or injury	Equal to the length of approved leave, not to exceed 6 months
Part-time Staff	Provisionally certified staff who work 30 hours or less on a regular basis	6 month extension
Discipline transfer mid-certification.	Provisionally certified staff who move from one discipline to another discipline during the active provisional certification period	6 month extension, starting on the employment start date in the new position
Other	Any reason not identified herein that causes the individual to be unable to earn full certification within the 12-month provisional certification period	Varies, not to exceed 6 months

Supporting Documentation: It is the responsibility of the applicant to attach verifiable, official documentation supporting the extension request to the Child Welfare Provisional Certification Extension Application. The exact document(s) will vary based on the employer and the circumstances surrounding the absence.

Eligibility	Supporting Documentation
Maternity or Paternity Leave	Copy of the official notice granting leave. Must include start and end dates.
FMLA	Copy of the official notice granting leave. Must include start and end dates.
Extended Illness	Copy of the official notice granting leave. Must include start and end dates.
Part-time Staff	Letter on agency letterhead verifying part-time employment status.
Discipline transfer mid-certification.	Letter on agency letterhead verifying the date the applicant quit working in one discipline and the date the applicant started working in the new discipline.
Other	Attach relevant supporting documentation that explains, in detail, the circumstances surrounding your need for an extension AND how you plan on completing the requirements if the extension is granted.



Child Welfare Provisional Certification Extension Request Memo

Section 1: Demographic Information		
Last Name _____	First Name _____	
Employer _____		
Work Phone _____	Email _____	
Section 2: Credential Information		
<u>Provisional Certification Number</u> _____	<u>Provisional Certification Expiration Date</u> _____	
Section 3: Eligibility		
Please indicate the reason you are requesting an extension. Attach a copy of official documentation supporting your request to this application.		
<input type="checkbox"/> Maternity/Paternity Leave	<input type="checkbox"/> Extended Illness	<input type="checkbox"/> Discipline transfer mid-certification
<input type="checkbox"/> FMLA	<input type="checkbox"/> Part-time Staff	<input type="checkbox"/> Other
Section 4: Acknowledgement of Provisional Certification Extension Policy		
“By affixing my signature below, I acknowledge that I understand the following requirements regarding provisional certification and full certification. Specifically, I understand that:		
1. The provisional certification extension is valid for the amount of time specified in my approval letter.		
2. Full certification requires candidates to meet the following conditions prior to the provisional certification expiration date:		
a. Document completion of 6 field observations and case consultations; 10 hours of group supervision, 20 hours of individual supervision, and 10 hours of <i>either</i> group or individual supervision.		
b. Document a minimum of 1,040 hours of experience in a child welfare direct services position.		
c. Submit the Child Welfare Certification Application and supporting documentation to the FCB at least 2-weeks prior to the extension expiration date for review and action.		
I further acknowledge that I understand that I am applying for a one-time provisional certification extension. If granted, I understand that I must complete all requirements stated above on or before the new expiration date.”		
Signature _____	Date _____	
Section 5: Payment Information		
Total Payment Enclosed: _____		
Method of Payment:	<input type="checkbox"/> Check (make payable to FCB)	<input type="checkbox"/> Master Card
	<input type="checkbox"/> Money Order (make payable to FCB)	<input type="checkbox"/> VISA
_____	_____	_____
Credit Card Number	Expiration Date	Signature

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