

CW Dual
Application for Certification
Effective Date 1-7-15

This form is to be completed in its entirety by the applicant.

Partial, incomplete or illegible applications will be returned to the applicant. All statements provided on this application are subject to verification. False statements, omissions, alterations to the application, failure to supply requested information and/or failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

Section 1: Demographic Information			
Last Name _____	First Name _____		
Employer _____			
Employer Type <input type="checkbox"/> DCF <input type="checkbox"/> CBC Lead Agency <input type="checkbox"/> CBC Provider Agency* <input type="checkbox"/> Sheriff <input type="checkbox"/> Other: _____			
*Please identify the Lead Agency _____			
Employer Address _____			
City _____	State _____	Zip _____	
Work Phone _____	Email _____		
Section 2: Credential Information			
<u>Current "Master" Credential and Certification #</u>		<u>Requested Discipline</u>	
<input type="checkbox"/> Child Welfare Protective Investigator		<input type="checkbox"/> Child Welfare Protective Investigator	
<input type="checkbox"/> Child Welfare Case Manager		<input type="checkbox"/> Child Welfare Case Manager	
<input type="checkbox"/> Child Welfare Licensing Counselor		<input type="checkbox"/> Child Welfare Licensing Counselor	
Section 3: Attestation of Understanding			
"By affixing my signature below, I acknowledge that I completed the training, supervision and experience requirements necessary to earn certification in an additional child welfare discipline.			
I further understand that to maintain my certification I must complete annual continuing education units and pay a bi-annual certification renewal fee. As a dual certified individual, I understand that within the total 40 hours I must complete every two years (20 hours per year), I must earn a minimum of 10 hours of training specific to each discipline in which I am credentialed. I also understand that renewal fees are reduced. I am required to pay \$200 for the first credential and \$50 for each additional discipline in which I am credentialed.			
I further acknowledge that I understand that I am applying for a dual credential and reduced renewal fees and CEUs are no longer valid if I allow the master credential to become inactive."			
Signature _____		Date _____	
Section 4: Payment Information			
Total Payment Enclosed: _____			
Method of Payment:	<input type="checkbox"/> Check or Money Order (make payable to FCB)	<input type="checkbox"/> Master Card	
	<input type="checkbox"/> American Express	<input type="checkbox"/> VISA	
_____	_____	_____	_____
Credit Card Number	Expiration Date	CCV	Signature