

**CW Dual  
Training Verification Form**

Effective Date: 1-7-15

**Directions**

Thank you for taking the time to verify the child welfare specific training requirement for child welfare certification. Documentation of this requirement is maintained by the employer and attested to by the Training Director or designee. Such documentation must be made available to the FCB in case of audit.

Please carefully read the CW Dual Training Requirement before completing the verification form. If you have any questions about this requirement, please contact our offices at 850-222-6314.

**Requirement:** CW dual certification applicants must meet specified child welfare specific training requirements. Training requirements vary depending on the master credential held and the new credential sought.

Certified in CM or Licensing & seeking PI discipline	Certified in PI or Licensing & seeking CM discipline	Certified in CM or PI & seeking Licensing discipline
<ul style="list-style-type: none"> <li>• Investigative Response</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Case Planning</li> <li>• On-going Assessment and Permanency</li> </ul>	Agency specific training plan. Note: Applicants seeking dual certification in Licensing must complete an agency developed training plan. The agency developed training plan does not have to be preapproved by the FCB: it does need to be attached to the <i>Training Verification</i> form.

**How to Document:**

Training requirements are documented on the *CW DUAL Training Verification* form.

The applicant's Training Director or designee must complete the *CW DUAL Training Verification* form and submit it to the FCB via email or US Mail.

**Mail:**

Florida Certification Board  
 Attn: Certification Operations  
 1715 South Gadsden Street  
 Tallahassee, FL 32301

**Email:** Certification specialists are assigned to each DCF region. You may send this completed form directly to the assigned certification specialist.

Central	Gabe Holmes <a href="mailto:gholmes@flcertificationboard.org">gholmes@flcertificationboard.org</a>
Northeast	Tim Wescoat <a href="mailto:twescoat@flcertificationboard.org">twescoat@flcertificationboard.org</a>
Northwest	Auna Moore <a href="mailto:amoore@flcertificationboard.org">amoore@flcertificationboard.org</a>
Southeast	Larry Crumbie <a href="mailto:lcrumbie@flcertificationboard.org">lcrumbie@flcertificationboard.org</a>
Southern	Dee Dee Hannah <a href="mailto:dhannah@flcertificationboard.org">dhannah@flcertificationboard.org</a>
Suncoast	Tonya Randolph <a href="mailto:trandolph@flcertificationboard.org">trandolph@flcertificationboard.org</a>

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**Part 1: To be completed by the applicant before providing to the Training Director or designee for completion.**

**Applicant Information.** Please list your identifying information and the position you hold for which you are requesting documentation of the child welfare specific training requirement.

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Credential Sought:  Child Welfare Protective Investigator  Child Welfare Case Manager  Child Welfare Licensing Counselor  
 Position Title: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_

**Part 2: To be completed by the Training Director or designee only.**

**Section A: Verifier's Contact Information**

_____ Last Name	_____ First Name
_____ Title	_____ Employer
_____ Email Address	_____ Business Phone

**Section B: Training Attestation**

I have read and understand the training requirement for individuals seeking dual certification.  Yes  No

**Protective Investigator Training Requirements**

<u>Training Module</u>	<u>Date of Completion</u>
Investigative Response	_____

**Case Manager Training Requirements**

<u>Training Module</u>	<u>Date of Completion</u>
Adoption	_____
Case Planning	_____
On-going Assessment and Permanency	_____

**Licensing Counselor Training Requirements**

<u>Training Module</u>	<u>Date of Completion</u>
Agency specific training plan (attach copy to this form)	_____

**Section C: Attestation**

By my signature, I attest that the above material is true to the best of my knowledge and I consent to an audit of agency records to support my attestation.

\_\_\_\_\_  
**Verifier's Signature** \_\_\_\_\_ **Date**