

CW Dual
Work Verification Form
Effective Date: 1-7-15

Directions

Thank you for taking the time to verify the direct work experience requirement for child welfare certification (CWPI, CWCM or CWLC). Documentation of on-the-job experience is maintained by the employer and attested to by the Human Resources Director, hiring authority or designee. Such documentation must be made available to the FCB in case of audit.

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

Requirement: CW dual certification applicants must document a minimum of 520 hours of direct work experience in the specific discipline in which dual certification is requested. Experience hours eligible for dual certification must occur after the applicant's first full child welfare credential was awarded.

How to Document:

The experience requirement is documented on the *CW DUAL Work Verification* form.

The applicant's Human Resources Director or designee must complete the *CW DUAL Work 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 gholmes@flcertificationboard.org
Northeast	Tim Wescoat twescoat@flcertificationboard.org
Northwest	Auna Moore amoore@flcertificationboard.org
Southeast	Larry Crumbie lcrumbie@flcertificationboard.org
Southern	Dee Dee Hannah dhannah@flcertificationboard.org
Suncoast	Tonya Randolph lrandolph@flcertificationboard.org

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Part 1: To be completed by the applicant before providing to the Human Resources Director, hiring authority or designee for completion.

Applicant Information. Please list your identifying information and the position you hold for which you are requesting documentation of the on-the-job work experience 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 Human Resources Director, hiring authority or designee only.

Section A: Verifier's Contact Information

Last Name

First Name

Title

Employer

Email Address

Business Phone

Section B: On-the-Job Work Experience Attestation

I have read and understand the child welfare on-the-job work experience requirement for certification. Yes No

Applicant's Position Title: _____

Dates of Employment: Start Date: _____ End Date: _____

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

Applicant's Position Description Attached? Yes No** (**if "no", must attach a narrative of the position duties)

Narrative of Applicant's Position Attached? Yes No

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