Child Welfare Provisional Certification
Applicant Registration Form ATTACHMENT

Effective Date: 6-15-16

Directions:

1. This form is only for **Preservice** and **Title IV-E Stipend Student** applicants who are in the same training cycle, but have different employers and points of contact/designees responsible for completing and submitting certification application forms on their behalf.
2. The training entity Point of Contact will complete this form and will scan/email it with the Child Welfare Provisional Certification Applicant Registration Form to the FCB certification specialist assigned to their region **AS SOON AS POSSIBLE BUT NO LATER THAN THE LAST DAY OF THE SECOND WEEK OF PRESERVICE TRAINING.** *Note: Contact the FCB if you do not know the email address of the certification specialist assigned to your region.*

Part 1: Training Entity Primary Contact Information

Point of Contact Name _____ **Phone Number** _____

Email Address _____ **Attachment** _____ **of** _____

Part 2: Paperwork Submission* and Fee Payment Information

Fee Payment Method: ❑ DCF Contract ❑ CBC Lead Agency Pay ❑ CMO Agency Pay ❑ Individual Pay

FCB System Account _____

CWP Application _____

Level 2 Background Check Form _____

Formal Education Verification Form _____

Indicate "who" will complete each required form on behalf of the applicant listed below. Complete a separate **CWP Certification Applicant Registration Form Attachment for applicants who have different individuals completing forms on their behalf.*

Part 3: Applicant Information Enter the applicant's name and email exactly as it is associated with his or her FCB account.

Name	Email Address	SA?*

**All requests for Special Accommodations must be received at least 30 calendar days before the requested test date.*