



On-the-Job Supervision and Competency Verification Form

Effective Date: 6-15-16

Directions:

1. This form is for all applicants who are provisionally certified and are seeking full certification.
2. If there are multiple individuals providing supervision for certification purposes, a separate form must be completed by each supervisor, documenting the specific individual, group and/or field observations conducted with the applicant.
3. The applicant completes part 1 of this form, the supervisor completes parts 2 – 5.
4. The training entity Point of Contact will collect completed forms and any required supporting documentation, review for completeness, and scan/email all documents to the FCB certification specialist assigned to their region **at least 30 calendar days before the applicant’s provisional certification expiration date.** *Note: Contact the FCB if you do not know the email address of the certification specialist assigned to your region.*

Direct Supervision Requirement: Applicants must complete field, group and individual supervision requirements in the discipline in which they are seeking certification. These requirements must be completed during the provisional certification period. Supervision is face-to-face contact between a qualified supervisor and a provisionally certified professional during which the applicant appraises the supervisor of the status of a case, the case is discussed, the supervisor provides the applicant with oversight and guidance in working the case, and evaluates the applicant’s performance. Individual and/or group supervision must occur in minimum of 15-minute increments. Field observations and follow-up case consultation should last approximately 2 hours.

Certification applicants in a supervisory position may satisfy on-the-job supervision and competency demonstration requirements by either directly performing casework activities or by being observed providing on-the-job supervision to direct staff. Employers may not assign “test cases” to individuals seeking certification who do not hold a caseload or directly supervise caseload carrying staff.

Applicants must demonstrate competency on cases assigned to them. Employers may not assign “test cases” to individuals seeking certification who do not hold a caseload or directly supervise caseload carrying staff.

Type of Supervision	Minimum Requirement	Guidelines
Field Supervision	6 observations with follow-up case consultation. A maximum of 2 of the 6 observations may be in professional, office-based settings.	The observation and case consultation should take approximately 1.5 to 2 hours to complete at minimum.
Individual Supervision	20 hours of individual supervision.	One-on-one supervision in minimum increments of 15-minutes.
Group Supervision	10 hours of group supervision.	Supervision provided to two or more staff at one time. Staff refers to certified or uncertified persons.
Additional Supervision	10 hours of individual and/or group supervision.	See guidelines for individual and group supervision, above.

On-the-Job Competency Requirement: In addition to completing the direct supervision requirements, the supervisor must also be able to state that he or she DOES NOT have any concerns about the applicant’s ability to competently perform child welfare services under standard supervision. If the supervisor states, “Yes, I do have concerns ...” the supervision hours documented on the form will NOT be eligible for certification purposes.

Definition of a Qualified Supervisor: For certification purposes, a qualified supervisor is the applicant’s immediate supervisor or any other agency supervisor, trainer, mentor, quality assurance staff or other agency management/leadership staff assigned by the employer to provide supervision to employees seeking certification. Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

DO NOT SUBMIT THIS COVER PAGE WITH YOUR APPLICATION.



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Part 1: Applicant Information. Enter your name exactly the same as is associated with your FCB account.

Name: _____

Employer: _____

Position Title: _____

Provisional Certification Start Date*: _____ Provisional Certification Expiration Date: _____

Credential Sought: CWPI CWCM CWLC

*This is the date you passed the exam

Part 2: Supervisor's Contact Information

Last Name

First Name

Title

Employer

Email Address

Business Phone

Part 3: Direct Supervision Hours

1. I **OBSERVED** the applicant in the field and **conducted a follow-up CASE CONSULTATION**. Yes* No

1b. * If "yes", how many field observations/case consultations did you complete?

2. I **provided INDIVIDUAL** supervision to the applicant. Yes* No

2b. * If "yes", how many hours of individual supervision did you provide (min. of 15 minute increments)?

3. I **provided GROUP** supervision to the applicant. Yes* No

3b. * If "yes", how many hours of group supervision did you provide (min. of 15 minute increments)?

Part 4: On-the-Job Competency Demonstration

As a qualified supervisor, **do you have any concerns** about the applicant's ability to competently perform child welfare services under standard supervision? Yes* No

* It is anticipated that, especially in the early months of provisional certification, not all direct supervision activities will result in a competent demonstration of on-the-job skills. This event should be viewed as a learning and teaching opportunity and additional supervision should be provided until competency is demonstrated consistently. Only supervision of competent job performance is eligible for certification purposes.

Part 5: Attestation

I have read and understand the on-the-job supervision and competency requirements for Child Welfare certification. Yes No

I consent to an audit of agency records if requested to verify my attestation. Yes No

By my signature, I attest that the above material is true to the best of my knowledge.

Signature (FCB accepts both manual and electronic signatures)

Date