



# Preservice Training Verification Form

Effective Date: 6-15-16

## Directions:

1. This form is for **Preservice** and **Title IV-E Stipend Student** applicants, primarily. **Waiver** applicants failing the exam must submit this form before retesting.
2. If there are multiple training providers, a separate form must be completed by the training providers' designee, documenting the specific preservice curriculum component(s) delivered to participants listed in Part 3 of this form. The only exception is for Title IV-E Stipend Students. The applicant's training entity Point of Contact will collect and attach a copy of the official college/university letter that verifies the applicant's successful completion of the two required courses that include the content taught in the new DCF Preservice Curriculum, CORE Training modules.
3. The applicant's training entity designee completes this form.
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 **NO MORE THAN 5 business days AFTER the exam date.** *Note: Contact the FCB if you do not know the email address of the certification specialist assigned to your region.*

### Part 1: Curriculum Information

1. This form documents:

- A single source training provider (not including college/university providers for Title IV-E Stipend Students)
- Multiple training providers

2. Identify the specific curriculum delivered to the applicants listed in part 3 of this form.

- DCF Preservice Curriculum, Stop-Gap Version \_\_\_\_\_  
Start Date                      End Date
- DCF Preservice Curriculum, Employer-Customized Version \_\_\_\_\_  
Start Date                      End Date
- New DCF Preservice Curriculum, CORE Training Modules \_\_\_\_\_  
Start Date                      End Date
- New DCF Preservice Curriculum, PI Specialty Track Training Modules \_\_\_\_\_  
Start Date                      End Date
- New DCF Preservice Curriculum, CM Specialty Track Training Modules \_\_\_\_\_  
Start Date                      End Date
- New DCF Preservice Curriculum, LC Specialty Track Training Modules \_\_\_\_\_  
Start Date                      End Date
- Other \_\_\_\_\_ \_\_\_\_\_  
Start Date                      End Date

### Part 2: Preservice Training Verification Attestation

Name of Training Provider	Name of Primary Trainer
Name of Individual Completing Form	Title
Work Email Address	Work Phone

- The applicant(s) named on Part 3 of this form have completed the training indicated in Part 1 of this form.  Yes  No
- Documentation of successful completion of training is maintained according to agency protocol.  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
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