



# Related Work Experience 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. The applicant OR the training entity designee may complete part 1 of this form.
3. The applicant's employer's designee completes part 2 of 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 **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.*

**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: Verifier's Contact Information

\_\_\_\_\_ Last Name First Name \_\_\_\_\_

\_\_\_\_\_ Title Employer \_\_\_\_\_

\_\_\_\_\_ Email Address Business Phone \_\_\_\_\_

## Part 3: Related Work Experience Attestation

I have read and understand the related work experience requirement for Child Welfare certification.  Yes  No

Applicant's Position Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employment Status:  Full-time  Part-time\*

\*If part-time, average # of hours per week providing CW services: \_\_\_\_\_

The FCB must have a copy of the employer's most recent position description to verify related work duties. Indicate how verification is provided to the FCB:

Official agency position description attached.

Official agency position description on file with FCB.

Other (describe): \_\_\_\_\_.

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