



ADDITIONAL DISCIPLINE: On-the-Job Supervision and Competency Verification Form

Effective Date: 7-1-2022

- ❖ Requirement: Three discipline specific field observations and case consultations • 10 hours discipline-specific individual supervision • 5 hours discipline-specific group supervision • 5 hours discipline-specific group or individual supervision.
- ❖ Qualified Professional Requirements:
 - Individuals eligible to serve as a qualified professional for the purposes of conducting field observations, individual and group supervision include the applicant's immediate supervisor, or any other agency supervisor, trainer, mentor, quality assurance staff, or other management/leadership staff assigned to conduct observations and supervision for certification purposes.
 - Regardless of job title or experience, a person may NOT serve as a qualified professional for certification purposes if he or she is the applicant's subordinate, peer, or other person in a parallel position, a relative, or anyone who shares/shared a household or is/was in a romantic, domestic, familial, or similar relationship with the applicant.
- ❖ This form documents the applicant's participation in field observations, individual and group supervision, and competency demonstration feedback with a qualified professional. In lieu of providing supporting documentation of all eligible supervisory events, this form serves as summary of all certification-related supervision provided to the applicant. Observations and supervision reported on this form must be documented and maintained according to agency policy. Redacted copies of supporting documentation must be provided to FCB, if requested for further verification of compliance with certification standards.
- ❖ A separate form must be completed by each qualified professional who provided supervision for certification purposes.
- ❖ Forms submitted for certification purposes must be typed.
 - a. The applicant completes Part 1 of the form, provides the partially completed form to the qualified professional providing supervision and competency demonstration feedback, and signs Part 6 after receiving performance feedback.
 - b. The qualified professional providing supervision and competency demonstration feedback completes Parts 2 – 5, secures the signature of the CCWS applicant in Part 6, and submits ONLY the form that documents achievement of a three-point rating or higher to their Certification Point of Contact to forward to the FCB for processing.
 - c. The certification Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB for processing.



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Part 1: Applicant Information. Provide information exactly as it is associated with your FCB account.

Name: _____

Email Address: _____ Phone Number: _____

Credential Discipline: CWPI CWCM CWLC

Part 2: Qualified Professional Information. Enter requested information for the Qualified Professional who provided supervision and competency feedback documented for certification purposes.

Qualified Professional's Name: _____

Email Address: _____ Phone Number: _____

Position Title: _____ Employer: _____

Part 3: Supervision and Competency Demonstration Feedback Report

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

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

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

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

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

* 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 professional, **do you have any concerns** about the applicant's ability to provide competent child welfare services under standard supervision? Yes* No

*If "yes" the reported observations, individual supervision hours, and group supervision hours are not eligible for certification.

Part 5: Attestation

I have read and understand the on-the-job supervision and competency demonstration requirements for certification through the additional discipline application pathway. Yes No

I attest that I conducted the supervisory activities reported in Part 3 and documentation of such is maintained according to agency policy. 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

Part 6: Verification of Supervision and Performance Feedback. To be completed by the applicant.

I participated in supervision and performance feedback activities reported above. The content of the supervision and performance feedback has been discussed with me in detail. My signature indicates knowledge and understanding of the contents of this form and does not necessarily imply agreement. Yes No

Applicant Signature (FCB accepts both manual and electronic signatures)

Date