



# ADDITIONAL DISCIPLINE: Training Verification Form

Effective Date: 7-1-2022

- ❖ Requirement: Successful completion of Protective Investigator, Case Manager, or Licensing Counselor training, as required for the additional discipline certification. PI's must complete the DCF Investigative Response training, CM's must complete the DCF Adoptions; Case Planning; Ongoing Assessment, and Permanency training, and LC's must complete a documented individual training plan.
- ❖ This form documents the applicant's participation in training. A separate form must be completed by each trainer who provided training to the applicant 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 trainer, and signs Part 5 when the form is complete.
  - b. The individual providing training completes Parts 2 – 4, secures the signature of the applicant in Part 5, and submits the complete form 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.

<b>Part 1: Applicant Information.</b> Provide information exactly as it is associated with your FCB account.		
Name: _____		
Email Address: _____		Phone Number: _____
Requested Credential: <input type="checkbox"/> CWPI <input type="checkbox"/> CWCM <input type="checkbox"/> CWLC		
<b>Part 2: Trainer Information.</b>		
Trainer Name: _____		
Email Address: _____		Phone Number: _____
Position Title: _____		Employer: _____
<b>Part 3: Supervision and Competency Demonstration Feedback Report.</b> Indicate the discipline specific training provided to the applicant listed in Part 1.		
<input type="checkbox"/> PI Training: Investigative Response	_____	_____
	Start Date	End Date
<input type="checkbox"/> CM Training: Adoption; Case Planning; On-going Assessment and Permanency	_____	_____
	Start Date	End Date
<input type="checkbox"/> Licensing Training: Agency Specific Training Plan (attach copy to form)	_____	_____
	Start Date	End Date
<input type="checkbox"/> Other _____	_____	_____
	Start Date	End Date
<b>Part 4: Training Verification Attestation</b>		
The applicant named in Part 1 has completed the training indicated in Part 3 (above), to include a review of content and discussion of any pending questions or performance expectations related to the provided training have been addressed. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>		
Documentation supporting my attestation is maintained by my employer and will be provided to FCB if requested to audit attestations of compliance with certification requirements. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>		
I consent to an audit of agency records to verify my attestation of the named applicants achievement of the training requirement documented herein. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>		
<i>By my signature, I attest that the above material is true to the best of my knowledge.</i>		
_____	_____	
<b>Signature</b> (FCB accepts both manual and electronic signatures)	<b>Date</b>	
<b>Part 5: Applicant Attestation of Completion of Reported Training.</b> To be completed by the applicant.		
I participated in the training indicated in Part 3 and have no outstanding questions regarding the training content or related performance expectations. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>		
_____	_____	
<b>Applicant Signature</b> (FCB accepts both manual and electronic signatures)	<b>Date</b>	