



ADDITIONAL DISCIPLINE: Work Experience Verification Form

Effective Date: 7-1-2022

- ❖ Requirement: 520 hours of direct work experience in the discipline indicated (CWPI, CWCM, or CWLC). Eligible experience hours are performed *after* the date of the master credential (the active child welfare credential that allows the individual to meet eligibility requirements for certification through the additional discipline route).
- ❖ This form documents the applicant’s compliance with the related work experience requirement. Personnel records supporting work experience reported on this form must be 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 copy of the applicants eligible position description must be attached to this form/submitted to FCB.
- ❖ Forms submitted for certification purposes must be typed.
 - a. The applicant completes Part 1 of the form, provides the partially completed form to their Human Resources office or designee to complete.
 - b. The Human Resources office or designee completes Parts 2 – 5, secures an electronic copy of the applicant’s current eligible position description, and submits it 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 and position description, review for completeness, and scan/email all documents to the FCB for processing.

Part 1: Applicant Information. 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	
Part 2: Verifier’s Information. Provide the name of the individual completing this form on behalf of the applicant’s employer.	
Verifier’s Name: _____	
Email Address: _____ Phone Number: _____	
Position Title: _____ Employer: _____	
Part 3: Related Work Experience. Provide information for the applicant identified in Part 1.	
Employer: _____	
Position Title: _____	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, average # of hours per week providing CW services: _____	
Start Date: _____ <input type="checkbox"/> Still employed OR End Date: _____	
Part 4: Related Work Verification Attestation	
The applicant named in Part 1 is employed in the discipline indicated in Part 1 and the official position description as indicated in Part 2 is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to an audit of agency records to verify my attestation of the named applicants achievement of the training requirement documented herein.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>By my signature, I attest that the above material is true to the best of my knowledge.</i>	
Signature (FCB accepts both manual and electronic signatures)	Date