



CWPI-P, CWCM-P, CWLC-P

## WORK EXPERIENCE VERIFICATION FORM

May 2025

**Part 1** of this form is completed by the **certification applicant/trainee**.

**Part 2** of this form is completed by the certification applicant/trainee's **employer** and returned to the Point of Contact.

Completed forms and official position descriptions, if required, must be **submitted by the Point of Contact** to the FCB at least **10 business** days before the provisional credential expiration date.

**All forms must be typed. Handwritten forms will not be accepted and will be returned to the applicant.**

Part 1: Certification Applicant Contact Information	
Applicant Name _____	Region _____
Email Address _____	Phone Number _____
Employer _____	Position Title _____
Provisional Credential Discipline <input type="checkbox"/> PI <input type="checkbox"/> CM <input type="checkbox"/> LC	Credential Issue Date _____
Provisional Credential Expiration Date _____	Upgrading to <input type="checkbox"/> CWPI <input type="checkbox"/> CWCM <input type="checkbox"/> CWLC
Part 2: Employer Attestation of Work Experience	
Only attest to information that can be supported by documentation in case of FCB audit.	
Verifier's Name _____	Position Title _____
Email Address _____	Phone Number _____
Select <b>ONE</b> of the following:	
<input type="checkbox"/> The applicant listed above holds a full-time position requiring certification as a condition of employment. They have been employed for a minimum of six months from the provisional certification award date indicated in Part 1.	
<input type="checkbox"/> The applicant listed above held a full-time position requiring certification as a condition of employment they are no longer employed as of _____.	
If the applicant is currently employed, select <b>ONE</b> of the following:	
<input type="checkbox"/> A copy of the applicant's current position description is attached.	
<input type="checkbox"/> A copy of the applicant's current position description is on file with the FCB. I understand I may be asked to provide a current position description.	
By my signature, I attest that the information is true and employment records may be provided if requested by FCB for audit.	
_____ <b>Signature</b> (FCB accepts both manual and electronic signatures)	_____ <b>Date</b>