



CW Workforce/Caseload Relief Certification Reinstatement Program Policy and Forms

Program Overview and Eligibility Requirements

The FCB *Workforce/Caseload Relief Reinstatement* program is for individuals who were previously certified by the FCB, are currently employed in the field of child welfare, and have been temporarily deployed to perform job tasks typically performed by certified investigators, case managers, counselors and their supervisors in an effort to provide workforce/caseload relief.

Reinstated credentials will be issued with a first time expiration date of October 31, 2023. The FCB Code of Ethical and Professional Conduct and the continuing education (CE) requirements attach at the time of application for reinstatement. Reinstatement applications will be processed in the same manner as the applicant's employer follows when certifying staff at the provisional and provisional upgrade levels, which requires all supporting documentation to be collected by the employer's point of contact and submitted to the FCB on the applicant's behalf.

The fee for reinstatement is \$350. This reflects a \$150 reinstatement fee and the standard \$200 renewal fee, which provides certified status for the upcoming two year period.

Eligible credentials are in inactive or expired status and have an issue date of January 1, 2012 to the present.

Eligible credentials types are:

- Child Welfare Protective Investigator (CWPI)
- Child Welfare Case Manager (CWCM)
- Child Welfare Licensing Counselor (CWLC)
- Child Welfare Protective Investigator-Supervisor (CWLC-Sup)
- Child Welfare Case Manager-Supervisor (CWCM-Sup)
- Child Welfare Licensing Counselor-Supervisor (CWLC-Sup)
- Child Welfare Protective Investigator-Specialist (CWPI-Spec)
- Child Welfare Case Manager-Specialist (CWCM-Spec)
- Child Welfare Licensing Counselor-Specialist (CWLC-Spec)
- Child Protection Professional (CPP)
- Child Welfare Trainer (CWT)

Eligible applicants meet one of two criteria:

1. Currently employed in an eligible position for more than 12-months prior to application for reinstatement.
2. Recently re-employed in an eligible position for less than 12-months prior to application for reinstatement. Additional requirements, such as CEs or retesting may apply if the individual has not been in a related position for 5 years or more prior to rehire in the current eligible position. This will be determined on a case-by-case basis

Eligible positions are existing child welfare positions that are supported by an official position description that does not require FCB certification as a condition of employment. In terms of organizational hierarchy, eligible positions are at levels higher than direct service staff and their immediate supervisors. Applicants must be temporarily redeployed to provide tasks directly related to workforce/caseload reduction efforts that require certification to perform. A deployment end-date is not required; however, this program absolutely is not designed for individuals who are in standard, full-time direct services or supervisory positions.



CW Workforce/Caseload Relief Certification Reinstatement Program Application & Employer Attestation Form

Directions

This form is for individual applicants seeking reinstatement of an eligible child welfare credential under the FCB's Child Welfare Workforce/Caseload Relief Reinstatement Program.

1. Parts 1 & 2 are completed by the applicant.
2. Part 3 is completed by the employer.
3. The complete form and a copy of the applicant's current position description must be included with the application.
4. Fee payment must be made by the applicant or arranged through written agreement with FCB prior to reinstatement.
5. Applicants who have maintained consistent employment with an FCB-recognized employer since credential expiration will not be required to retest. Applicants who have been re-employed for less than 12-months prior to application are subject to a professional and personal credentialing review which may result in additional continuing education, supervision, work experience, or testing requirements.

Part 1: Applicant Information. Enter requested information exactly as it is associated with your FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Position Title _____	Position Start Date _____
Employer Name _____	
Credential to Reinststate: <ul style="list-style-type: none"> <input type="checkbox"/> Child Welfare Protective Investigator (CWPI) <input type="checkbox"/> Child Welfare Case Manage (CWCM) <input type="checkbox"/> Child Welfare Licensing Counselor (CWLC) <input type="checkbox"/> Child Welfare Protective Investigator-Supervisor (CWLC-Sup) <input type="checkbox"/> Child Welfare Case Manager-Supervisor (CWCM-Sup) 	<ul style="list-style-type: none"> <input type="checkbox"/> Child Welfare Licensing Counselor-Supervisor (CWLC-Sup) <input type="checkbox"/> Child Welfare Protective Investigator-Specialist (CWPI-Spec) <input type="checkbox"/> Child Welfare Case Manager-Specialist (CWCM-Spec) <input type="checkbox"/> Child Welfare Licensing Counselor-Specialist (CWLC-Spec) <input type="checkbox"/> Child Protection Professional (CPP) <input type="checkbox"/> Child Welfare Trainer (CWT)
Part 2: Applicant Attestation of Eligibility for Reinstatement. To be completed by the applicant.	
I have been consistently employed in the field of child welfare with an FCB recognized employer for a minimum of 12 months prior to my application for credential reinstatement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am employed in a full-time position that does not require CWPI, CWCM, or CWLC certification as a statutorily mandated condition of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been deployed to provide workforce/caseload relief and will be conducting child welfare tasks and demonstrating child welfare professional competencies of CWPI, CWCM, or CWLC certified professionals during this temporary deployment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that reinstatement will result in my credential being reissued in certified status, with an expiration date of 10-31-2023 and I will be expected to complete 40 continuing education credit hours as a condition of renewal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that reinstatement places me under the FCB Code of Ethical and Professional Conduct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Applicant Signature (FCB accepts both manual and electronic signatures)	_____ Date



CW Workforce/Caseload Relief Reinstatement Program Application & Employer Attestation Form (Batched Applicants)

Part 3: Employer Eligibility Attestations.

Individual Completing Form _____

Email Address _____

Phone Number _____

Position Title _____

1. The applicant identified in Part 1 is currently employed in an eligible position as described by the FCB CW Workforce/Caseload Relief Reinstatement policy requirements.

Yes No

2. The applicant identified in Part 1 continues to be deemed 'eligible' in the state's Level 2 background clearinghouse.

Yes No

3. An official copy of the applicant's current position description, as identified in Part 1, is included in support of this reinstatement application.

Yes No

4. The \$350 reinstatement fee will be paid by the following method:

Applicant Self-Pay

Employer Pay

5. By my signature, I attest that the above material is true to the best of my knowledge, documentation supporting each attestation is maintained by the applicant's employer, and such documentation will be made available to FCB in case of audit.

Yes No

Signature (FCB accepts both manual and electronic signatures)

Date