



Florida Certification Board CWAC Contact Update Form

Part 1 – POINT OF CONTACT INFORMATION. This form should be used to report any additions and/or deletions to the CWAC Contact Lists, including CWAC voting and non-voting members, committee members, Child Welfare certification point of contacts and Child Welfare test proctors.

Section 1 – Please complete all fields. Please indicate if this is to:			Add Contact	Remove Contact
Agency Name:				
Last Name:		First Name:		
Contact Title:				
Phone Number:		Email Address:		
Mailing Address:				
City:		State:	Zip Code:	
Section 2 – If individual in Section 1 is being replaced, please complete Section 2 for new contact information.				
Last Name:		First Name:		
Contact Title:				
Phone Number:		Email Address:		
Mailing Address:				
City:		State:	Zip Code:	

Part 2 – CWAC/EMPLOYER TYPE

Section 1 – Please indicate CWAC contact type/Employer type and DCF region.		
CWAC Voting Member	DCF Region	Northeast Region
CWAC Non-Voting Member	DCF Headquarter	Northwest Region
Certification Point of Contact	Sheriff	Central Region
Test Proctor	CBC Lead Agency	Suncoast Region
Other _____	Other _____	Southeast Region
		Southern Region