



Child Welfare Provisional Certification Formal Education/Degree Verification Form

Effective Date: 6-21-24

Directions

1. This form is for all applicants. Forms **MUST** be typed; handwritten forms may be returned, delaying processing timeframes.
2. The applicant completes Parts 1 and 2 of this form.
3. The applicant's employer completes Part 3 of this form and returns it to their Training Entity Point of Contact to submit to FCB at least 10 business days before the requested test date for standard applicants and 3 business days for waiver applicants.
4. The *DCF Enhanced Workforce* option refers to the following DCF policy memos: June 28, 2022, from Jessica Tharpe, subject line: *Enhancing the Workforce in Child and Family Well-Being Program* and July 21, 2023, from Sharon Washington and Jess Tharpe, subject line: *Enhancing the Workforce for Child Placing Agencies providing Child Welfare Services*

Part 1: Applicant Information Enter requested information exactly as it is associated with your FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Position Title _____	Employer _____
Credential Type <input type="checkbox"/> CWPI <input type="checkbox"/> CWCM <input type="checkbox"/> CWLC	
Part 2: Degree Information Enter requested information for the highest level degree you hold.	
Degree Level <input type="checkbox"/> HSD/GED <input type="checkbox"/> AA/AS/Vocational Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Law Degree/PhD <input type="checkbox"/> Intern – Degree Pending	
Degree Major _____	
Month/Year of Graduation _____	
School Name _____	
School Location (city/state) _____	
Part 3: Formal Education/Degree Attestation	
Name of Individual Completing Form _____	Title _____
Work Email Address _____	Work Phone _____
<p>I have read and understand the Formal Education/Degree requirements established by FCB for individual's seeking child welfare certification. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select <u>one</u> of the following:</p> <p><input type="checkbox"/> During the hiring process, the applicant's degree was officially verified and the degree major is eligible for certification.</p> <p><input type="checkbox"/> During the hiring process, the applicant met the provisions of one of the two DCF Enhanced Workforce programs and is eligible for certification. Attach a copy of the approval.</p> <p><input type="checkbox"/> The applicant is a BSW or MSW student participating in the employer's intern program. The applicant will be required to demonstrate compliance with formal education/degree requirements as a condition of upgrade to full certification.</p>	
<p>I consent to an audit of related agency records to verify my attestation if requested by FCB. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>By my signature, I attest that the above material is true to the best of my knowledge.</i></p>	
<p>_____ Signature (FCB accepts both manual and electronic signatures)</p>	<p>_____ Date</p>