



Child Welfare Provisional Certification Level 2 Background Clearance Verification Form

Effective Date: 2-3-2021

Directions

1. This form is for all applicants.
2. Forms MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. The applicant completes Part 1 of this form.
4. The applicant's employer completes Part 2 of this form and returns it to their Training Entity Point of Contact to submit to FCB. This form must be received and approved at least 10 business days before the requested test date for standard applicants and at least 3 business days before the requested test date for waiver applicants.
5. Please contact the FCB if you need the name and email address of your region's assigned Certification Specialist.

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: Attestation of Compliance with State Level 2 Background Screening Requirements	
Name of Individual Completing Form _____	Title _____
Work Email Address _____	Work Phone _____
<p>I have read and understand the Level 2 background requirements established in Statute and attest that the applicant was deemed eligible to work in the field of Child Welfare and such approval is documented in Florida's statewide background screening clearinghouse or equivalent database as part of the employment hiring process for paid employees or through the onboarding process for approved MSW or BSW student interns. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The certification applicant listed in Part 1 was deemed eligible by passing the background screen or was granted a waiver from disqualification by DCF. <input type="checkbox"/> Yes <input type="checkbox"/> No</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>