



CWP Upgrade to Full Certification On-the-Job Supervision and Competency Verification Form

Effective Date: 2-3-2021

Directions

- This form is for all provisionally certified child welfare professionals seeking an upgrade to full CWPI, CWCM or CWLC certification.
- Forms **MUST** be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
- Applicants must complete a total of 6 field observations with follow-up case consultation and a total of 40 hours of individual and group supervision.
 - Multiple individuals may serve as a qualified supervisor for certification purposes. **A separate form must be completed by each individual who provides supervision for certification purposes.**
 - Supervision must be documented according to agency policy.
 - This form serves as the supervisor's "roll-up sheet", allowing them to account for all of the documented supervision provided to the applicant during their provisional certification period. Supporting documentation is maintained by the employing agency and must be made available to FCB in case of audit.
- The applicant completes Part 1 of this form.
- Each individual providing supervision to the applicant for certification purposes completes Part 2 of this form. Completed forms are to be provided directly to the Training Entity's Point of Contact. These forms must, in total, document the full on-the-job supervision and competency verification requirement. The Training Entity Point of Contact will collect, review, and submit complete forms to the FCB at least 10 business days before the child welfare provisional (CWP) certification expiration date.
- 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 _____
CWP Expiration Date: _____ CWP Upgrade to (select one): <input type="checkbox"/> CWPI <input type="checkbox"/> CWCM <input type="checkbox"/> CWLC	
Part 2: Supervisor Information. Enter information for the individual who provided supervision for certification purposes.	
Supervisor Name _____	
Email Address _____	Phone Number _____
Position Title _____	Employer _____
Part 3: Documented Supervision. Enter information for the types of documented supervision you provided for certification purposes.	
Field Observations and Follow-up Case Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many Field Observations and Follow-up Case Consultations did you complete that are eligible for certification?	_____
Individual Supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much individual supervision did you provide that is eligible for certification? (minimum increments of 15 min.)	_____
Group Supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much group supervision did you provide that is eligible for certification? (minimum increments of 15 min.)	_____
Part 4: Attestation of Competency Demonstration	
I have read and understand the on-the-job supervision and competency demonstration experience requirement for upgrade to the full CWPI, CWCM, or CWLC credential. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on your direct observations and interactions with the applicant during the supervision claimed in Part 3, do you have any concerns about their ability to competently provide child welfare services under standard supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
<i>By my signature, I attest that the above material is true to the best of my knowledge.</i>	
Signature (FCB accepts both manual and electronic signatures)	Date