# Child Welfare Provisional Certification
# RETEST Registration Form

**Effective Date: 2-3-2021**

**Directions:**

1. This form is for **Preservice** and **BSW/MSW Student Intern** applicants.
2. Forms MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. The Training Entity Point of Contact completes this form and submits it via email to the FCB **AS SOON AS POSSIBLE BUT NO LATER THAN THREE (3) BUSINESS DAYS before the requested test date.** All paperwork and fee payments must be submitted as soon as possible and must be approved at least 3 business days before the requested test date. Please contact the FCB if you need the name and email address of your region's assigned Certification Specialist.

**Part 1: Training Entity Primary Contact Information**

Training Entity Name _____ Region _____

Point of Contact Name _____

Email Address _____ Phone Number _____

Proctor Name _____

Email Address _____ Phone Number _____

**Part 2: Testing Information**

Test Type ❑ PI ❑ CM Special Accommodations Requested? ❑ Yes* ❑ No

Test Date _____ Exam Site Name/Location _____

**Part 3: Fee Payment Information**

Fee Payment Method: ❑ DCF Contract ❑ CBC Lead Agency Pay ❑ CMO Agency Pay ❑ Individual Pay

**Part 4: Applicant Information** Enter the applicant's name and email exactly as it is associated with his or her FCB account.

| Name | Email Address | Test Attempt # |
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**All requests for Special Accommodations must be received at least 30 calendar days before the requested test date.*