



Child Welfare Provisional Certification Pre-service WAIVER Applicant Registration Form

Effective Date: 2-3-2021

Directions:

1. This form is for **Preservice WAIVER** applicants. Applicants must meet eligibility requirements pursuant to 65C-33.010, F.A.C.
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: Applicant Information. Enter the applicant's name and email exactly as it is associated with his or her FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Position Title _____	Employer _____
Part 3: Applicant Eligibility Information. Select one of the following options.	
<input type="checkbox"/> Reinstatement Requirement	The full credential is inactive and it has been more than three years since passing the exam.
<input type="checkbox"/> Provisional Credential Expired	The provisional credential is expired and the individual is not eligible for an extension.
<input type="checkbox"/> Pre-Service Waiver Eligible	The employer has determined the individual is eligible to waive participation in the full pre-service training program and will be held to the requirements of 65C-33.010, F.A.C.
Part 4: Testing Information	
Test Type <input type="checkbox"/> PI <input type="checkbox"/> CM	Special Accommodations Requested? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Test Date _____	Exam Site Name/Location _____
Part 5: Fee Payment and Paperwork Submission** Information	
Fee Payment Method:	<input type="checkbox"/> DCF Contract <input type="checkbox"/> CBC Lead Agency Pay <input type="checkbox"/> CMO Agency Pay <input type="checkbox"/> Individual Pay
Level 2 Background Check Form _____	
Formal Education Verification Form _____	
<small>**Indicate "who" will complete each required form on behalf of the applicant listed on this form.</small>	
Part 5: Attestation	
Name of Individual Completing Form _____ Title _____	
Work Email Address _____ Work Phone _____	
I have read and understand the Individual Waiver Training Plan requirements pursuant 65C-33.010, F.A.C. and attest that the employing agency has agreed to ensure the applicant completes the associated requirements as a condition of eligibility to upgrade to the full credential.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation supporting compliance with 65C-33.010, F.A.C. will be maintained by the employing agency and shall be submitted as part of the individual's application to upgrade to the full CWPI, CWCM or CWLC credential.	<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

*All requests for Special Accommodations must be received at least 30 calendar days before the requested test date.