



CWP Upgrade to Full Certification Work Experience Verification Form

Effective Date: 2-3-2021

Directions

1. This form is for all provisionally certified child welfare professionals seeking an upgrade to full CWPI, CWCM or CWLC certification.
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 and any necessary supporting documentation must be received and approved **at least 10 business days before the child welfare provisional (CWP) certification expiration date.**
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 _____
CWP Expiration Date: _____ CWP Upgrade to (select one): <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 _____
I have read and understand the work experience requirement for upgrade to the full CWPI, CWCM, or CWLC credential. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Position Title: _____	Start Date: _____
The applicant is: <input type="checkbox"/> currently employed as of the date of this form, OR <input type="checkbox"/> no longer employed by the agency as of _____	
A copy of the applicant's current, official agency position description is: <input type="checkbox"/> on file with the FCB, OR <input type="checkbox"/> attached.	
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