



Florida Certification Board
Child Welfare Test Pre-registration Form
Effective Date: 12-15-14

Directions: Use this form to register candidates for their first test attempt. Forms must be typed: Handwritten forms will be returned to the sender. For questions, please contact the FCB at 850-222-6314.

Section 1: Proctor Contact Information. Provide all requested information. The FCB will copy the proctor on all pre-registration emails for tracking purposes. Unless otherwise specified, the FCB will automatically set the retest date for two business days/48 hours after the original test date. A **Child Welfare Retest Preregistration Form** must be submitted as soon as the need for a retest is identified.

Section 2: Test Candidate Information. Provide all requested information. The FCB will use the email address indicated on this form to preregister test candidates. Test candidates must monitor their email and respond to emails from registrations@isoqualitytesting.com to complete all remaining test registration activities. If a test candidate needs special accommodations, please type "yes" into the SA? column and SUBMIT THE FORM AT LEAST 30 DAYS BEFORE THE REQUESTED TEST DATE to allow time to document, review and, if approved, make arrangements for the special accommodations.

Step	Description	Responsibility
1	Complete this form and send it to the FCB as soon as the test date is known, but NO LATER than 2 weeks before the requested test date . Please email completed forms to lrandolph@flcertificationboard.org AND your region's assigned certification specialist. IF ADA is requested, SUBMIT THE FORM AT LEAST 30 DAYS BEFORE THE REQUESTED TEST DATE.	Proctor
2	One week before the test date, approve candidates to test who have: <input type="checkbox"/> Registered on the FCB online portal. <input type="checkbox"/> Submitted a Child Welfare Provisional application via the FCB on-line portal. <input type="checkbox"/> An approved <i>Degree and Level 2 Background Verification Form</i> on file. <input type="checkbox"/> An approved <i>Training Verification Form</i> on file (for candidates waiving the full pre-service curriculum only). Candidates taking the full pre-service curriculum must submit this form within 5 days of the test date.)	FCB
3	One week before the test date, pre-register FCB-approved candidates to test.	FCB
4	Up to 48 hours before the test date, pre-register FCB approved candidates to test.	FCB
5	Respond to email from registrations@isoqualitytesting.com to complete test registration activities/be provided with a username and login.	Certification Applicant
6	Proctor the exam.	Proctor
7	Take the exam.	Certification Applicant
8	Provide unofficial scores to candidates and report scores to the employer, according to agency policy.	Proctor
9	Complete the Child Welfare Retest Preregistration Form and submit it to the FCB 48 hours before the retest date.	Proctor
10	Provide official scores to the proctor for dissemination within 72 business hours of the exam date.	FCB

Please do not send this page when you submit the child welfare test pre-registration form.



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Section 1: Proctor Contact Information

Last Name	First Name		
Email Address	Phone Number		
Test Site Name (as registered with SMT/FCB)	Test Site Physical Address (as registered with SMT/FCB)		
Test Date	Retest Date	Number of Test Takers	Region

Section 2: Test Candidate Information

Last Name, First Name	Email Address	SA?	Exam Type	Payment Information	FCB Only
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> PI <input type="checkbox"/> CM	<input type="checkbox"/> Emp. <input type="checkbox"/> DCF <input type="checkbox"/> Self	<input type="checkbox"/> A <input type="checkbox"/> R



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Section 2: Test Candidate Information