



Application for Child Welfare DUAL CERTIFICATION

Effective Date: 1-16-19

Directions: To apply for Child Welfare Dual Certification, you must:

1. Hold a FCB recognized child welfare credentials in **good standing**.
2. Complete this **APPLICATION FOR CHILD WELFARE DUAL CERTIFICATION** and provide it to your employer's Training Entity Single Point of Contact/designee.
3. If you are self-pay, call the FCB to make payment over the phone or mail a check or money order to the FCB. If you are employer pay, your Training Entity's Single Point of Contact will coordinate payment with the FCB on your behalf. The DCF certification contract with FCB does not include fees for DUAL certification. Fees for manual certification application (\$25) and credit card processing (\$5) are waived for applicants seeking DUAL certification.

Note: Dual certification is a process, not a credential. When you successfully complete the dual certification process you will hold the awarded credential in full certified status.

Part 1: Applicant Information. Provide requested information EXACTLY as it is associated with your FCB account.	
_____ Full Name	
_____ Email Address	
Part 2: Master Credential and Requested Credential Information.	
Master Credential Name: _____	Master Credential Number _____
Requested Credential: <input type="checkbox"/> Child Welfare Protective Investigator (CWPI) <input type="checkbox"/> Child Welfare Case Manager (CWCM) <input type="checkbox"/> Child Welfare Licensing Counselor (CWLC)	
Part 3: Employer Type and Payment Information	
Indicate your employer type: <input type="checkbox"/> DCF <input type="checkbox"/> Sheriff Office <input type="checkbox"/> CBC Lead Agency <input type="checkbox"/> Case Management Organization A \$65 Child Welfare Dual Certification application fee is due with this application. Fees are nonrefundable, nontransferable and cannot be billed to the FCB's certification contract with DCF. Indicate your payment method*: <input type="checkbox"/> Self-Pay <input type="checkbox"/> CBC Lead Agency Pay <input type="checkbox"/> CMO Agency Pay <small>*The FCB will verify eligibility before processing this application.</small>	
Part 4: Assurance and Release.	
<p>I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in my online account and this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.</p> <p>I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.</p>	
_____ Signature (FCB accepts both manual and electronic signatures)	_____ Date