



DUAL CERTIFICATION: On-the-Job Supervision and Competency Verification Form

Effective Date: 1-16-19

1. A separate **DUAL CERTIFICATION: ON-THE-JOB SUPERVISION AND COMPETENCY VERIFICATION FORM** must be completed by each qualified supervisor who provided supervision for dual certification purposes.
2. The Training Entity's Single Point of Contact/designee will collect the completed form(s) and any required supporting documentation, review for completeness, and scan/email all documents to the FCB.

Part 1: Credential Specification. Please Indicate the credential you are seeking.	
<input type="checkbox"/> Protective Investigator (CWPI)	<input type="checkbox"/> Case Manager (CWCM)
<input type="checkbox"/> Licensing Counselor (CWLC)	
Part 2: Applicant Information. Provide requested information EXACTLY as it is associated with your FCB account.	
Full Name _____	
Email Address _____	
Part 3: Supervisor's Contact Information	
Last Name _____	First Name _____
Title _____	Employer _____
Email Address _____	Business Phone _____
Part 4: Direct Supervision Hours	
1a. I OBSERVED the applicant in the field and <u>conducted a follow-up CASE CONSULTATION.</u>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
1b. * If "yes", how many field observations/case consultations did you complete?	<input style="width: 100px; height: 20px;" type="text"/>
2a. I <u>provided INDIVIDUAL supervision</u> to the applicant.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2b. * If "yes", how many hours of individual supervision did you provide (min. of 15 minute increments)?	<input style="width: 100px; height: 20px;" type="text"/>
3a. I <u>provided GROUP supervision</u> to the applicant.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3b. * If "yes", how many hours of group supervision did you provide (min. of 15 minute increments)?	<input style="width: 100px; height: 20px;" type="text"/>
Part 5: On-the-Job Competency Demonstration	
As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform child welfare services under standard supervision?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*The applicant is currently certified and is seeking certification in an additional discipline. As such, all supervision must be at the level of competent job performance to be eligible for certification purposes.	
Part 6: Attestation	
I have read and understand the on-the-job supervision and competency requirements for persons seeking Dual Certification in a child welfare discipline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to an audit of agency records if requested to verify my attestation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
By my signature, I attest that the above material is true to the best of my knowledge.	
Signature (FCB accepts both manual and electronic signatures) _____	Date _____