



# DUAL CERTIFICATION: Training Verification Form

Effective Date: 1-16-19

## Directions:

1. The **DUAL CERTIFICATION: TRAINING VERIFICATION FORM** must be completed by the Training Entity's Single Point of Contact or designee.
2. The Training Entity's Single Point of Contact/designee will scan/email the form and any supporting documentation to the FCB.

<b>Part 1: Credential Specification.</b> 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)	
<b>Part 2: Applicant Information.</b> Provide requested information EXACTLY as it is associated with your FCB account.	
Full Name _____	
Email Address _____	
<b>Part 3: Curriculum Information</b>	
1. This form documents:	
<input type="checkbox"/> A single source training provider	
<input type="checkbox"/> Multiple training providers (A separate form must be completed by each training provider.)	
2. Identify the specific curriculum delivered to the applicant listed in part 2 of this form.	
<input type="checkbox"/> PI Specialty Training Track	Start Date _____ End Date _____
<input type="checkbox"/> CM Specialty Training Track	Start Date _____ End Date _____
<input type="checkbox"/> Licensing Specialty Training Track	Start Date _____ End Date _____
<input type="checkbox"/> Other _____	Start Date _____ End Date _____
<b>Part 4: Preservice Training Verification Attestation</b>	
_____ Name of Training Provider	_____ Name of Primary Trainer
_____ Name of Individual Completing Form	_____ Title
_____ Work Email Address	_____ Work Phone
The applicant named on Part 2 of this form has completed the training indicated in Part 3 (above).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation of successful completion of training is maintained according to agency protocol.	<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
<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