



DUAL CERTIFICATION: Related Work Experience Verification Form

Effective Date: 1-16-19

Directions:

1. The **DUAL CERTIFICATION: RELATED WORK EXPERIENCE VERIFICATION FORM** must be completed by the employer's Human Resources Director or designee.
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: Verifier's Contact Information	
Last Name _____	First Name _____
Title _____	Employer _____
Email Address _____	Business Phone _____
Part 4: Related Work Experience Attestation	
I have read and understand the related work experience requirement for DUAL Child Welfare certification. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Position Title: _____	
Start Date: _____ End Date: _____	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time*	
*If part-time, average # of hours per week providing CW services: _____	
The FCB must have a copy of the employer's most recent position description to verify related work duties. Indicate how verification is provided to the FCB:	
<input type="checkbox"/> Official agency position description attached.	
<input type="checkbox"/> Official agency position description on file with FCB.	
<input type="checkbox"/> Other (describe): _____.	
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 _____