Supervised Work Experience Requirement: CRA applicants must have completed 2,000 hours of paid or volunteer experience with a school district, after-school program, or other children- and youth-focused agency or organization, in one or more position(s) held currently or within 5 years prior to application. **Hours must be documented by the employer or volunteer supervisor on this** *CRA Verification of Supervised Work Experience Form.* An official description of the position, or a letter detailing the applicant's role, duties, and responsibilities, must be included with this verification form for the hours to be counted toward the credential requirements. If a letter is submitted, it must be written on the agency's letterhead **and** signed by a human resources/leadership staff employee.

- **DIRECTIONS FOR APPLICANTS**: Give this form to your current or prior employer or volunteer supervisor(s) to complete and submit to the FCB on your behalf. Provide your Certification Specialist's email address, if possible.
- **DIRECTIONS FOR VERIFIER:** You have been asked to verify the paid or volunteer work experience of an individual who is applying for the Certified Resiliency Advocate credential issued by the Florida Certification Board (FCB). Please complete this form and submit it to the FCB using the email, mail, or fax address below.

Email: Certification Specialist:OR admin assist@flcertificatio	nboard.org	@flcertificationboard.org	Mail:	Florida Certification Board 1715 South Gadsden Street
Fax: 850-222-6247	<u>a</u>			Tallahassee, FL 32301
Applicant Information				
Applicant Name*		Applicant Email Address		
Employer/Agency Name (paid or volunteer)		Employer/Agency Website Address		
		☐ Paid position OR ☐ Volunteer position		
Applicant Position Title		☐ Full-time position OR ☐ Part-time position		
*Enter your name and email address <u>exactly</u> as it is on your FCB ac		mation and Attestation		
Vermei information and Accestation				
Verifier Name		Verifier Email Address		
Verifier Title		Employer/Agency Name		
I understand that the Certified Resili volunteer experience with a school organization, in one or more positio Applicant's Position Title:	district, after-school p	program, or other children- and	youth-1	-
Applicant Position is/was: Paid of	r □ Volunteer and	☐ Full-time or ☐ Part-time		(indicate hours per week)
				position at time of verification)
Type of Documentation Attached: ☐ Official position description ☐ Agency letter detailing role and responsibilities (on letterhead, signed by leadership)				
Are there any documented concerns impact their eligibility to earn the Ce*If yes, please attach a description of the	ertified Resiliency Adv		would r	negatively ☐ Yes* ☐ No
By my signature, I attest that the inf discuss the documentation if reques	-	nd attached to this form is true,	, and I c	onsent to an interview to
Verifier Signature (FCB accepts both manual of	and electronic signatures)		Date	