



Registered Resiliency Advocate (RRA) RRA Verification of Supervised Work Experience Form

Supervised Work Experience Requirement: RRA applicants must currently hold a paid or volunteer experience with a school district, after-school program, or other children- and youth-focused agency or organization, **OR** have previously held one or more such position(s) within 5 years prior to application.

Hours must be documented by **the employer or volunteer supervisor** on this *RRA 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 in order for the hours to be counted toward the RRA Credential requirements. If a letter is submitted, it must be written on the agency's letterhead **and** signed by human resources/leadership staff.

- **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: _____@flcertificationboard.org **Mail:** Florida Certification Board
OR admin_assist@flcertificationboard.org 1715 South Gadsden Street
Fax: 850-222-6247 Tallahassee, FL 32301

Applicant Information

Applicant Name*

Applicant Email Address

Employer/Agency Name (paid or volunteer)

Employer/Agency Website Address

Applicant Position Title

Paid position **OR** Volunteer position

Full-time position **OR** Part-time position

*Enter your name and email address exactly as it is on your FCB account.

Verifier Information and Attestation

Verifier Name

Verifier Email Address

Verifier Title

Employer/Agency Name

I understand that the Registered Resiliency Advocate (RRA) Supervised Work Experience requirement is paid or volunteer experience with a school district, after-school program, or other children- and youth-focused agency or organization, in one or more positions held currently or within five years prior to application.

Applicant's Position Title: _____

Applicant Position is/was: Paid or Volunteer **and** Full-time or Part-time _____ (indicate hours per week)

Start Date: _____ End Date: _____ *N/A if in 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 about the applicant's on-the-job performance that would negatively impact their eligibility to earn the Certified Resiliency Advocate credential? Yes* No

**If yes, please attach a description of the concerns.*

By my signature, I attest that the information provided and attached to this form is true, and I consent to an interview to discuss the documentation if requested by FCB staff.

Verifier Signature (FCB accepts both manual and electronic signatures)

Date