



Child Welfare Provisional Certification Pre-Service Training Verification Form - Individual Applicant

Effective Date: 2-3-2021

Directions

1. This form is for **Preservice, MSW/BSW Student Interns** and **WAIVER** applicants who must complete preservice per 65C-33.010(3).
2. Forms **MUST** be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. Employing agencies are required to ensure that each applicant “attends and completes all of the pre-service classroom, online, and field instruction required for his or her position classification” (65C-33.003(3)(a), F.A.C.). Supporting documentation is maintained by the employing agency and must be made available to FCB in case of audit.
4. Pre-service curriculum must be delivered by a Certified Child Welfare trainer pursuant to 65C-33.016, F.A.C., with the exception of Department approved academic programs teaching the Pre-Service curriculum pursuant to 65C-33.016(8), F.A.C.
5. This form serves as the training provider’s “roll-up sheet”, allowing them to account for all of the documented pre-service training provided to the applicant as part of the provisional certification application process. A separate form must be completed by each certified trainer/academic instructor. The lead trainer will complete the form for a training delivery team.
6. The applicant completes Part 1 of this form.
7. The certified trainer/academic instructor completes Part 2 of this form. Completed forms are to be provided directly to the Training Entity’s Point of Contact. These forms must, in total, document the full child welfare preservice training per 65C-33.003. The Training Entity Point of Contact will collect, review, and submit complete forms to the FCB as soon as possible, **but no more than five (5) business days after the applicant earned a passing score on the CWPI or CWCM exam**. This form must be approved before the provisional credential will be issued.
8. Please contact the FCB if you need the name and email address of your region’s assigned Certification Specialist.

Part 1: Applicant Information. Enter requested information exactly as it is associated with your FCB account.

Applicant Name _____	
Email Address _____	Phone Number _____
Position Title _____	Employer _____

Part 2: Certified Trainer/Instructor Information. Enter requested information for each certified trainer or academic instructor. If a team of certified trainers delivered pre-service, the lead trainer should complete this form.

Name _____	Title _____
Employer _____	Email Address _____
CWT Credential Number _____	<input type="checkbox"/> N/A – I am an academic instructor per 65C-33.016(8), F.A.C.

Part 3: Curriculum Information. Identify the training/instruction provided to the applicant for certification purposes.

<input type="checkbox"/> DCF Pre-Service Training Curriculum – CORE Modules	Start Date _____	End Date _____
<input type="checkbox"/> DCF Pre-Service Training Curriculum – Academic Coursework*	Start Date _____	End Date _____
<input type="checkbox"/> DCF Pre-Service Training Curriculum – PI Specialty Track Modules	Start Date _____	End Date _____
<input type="checkbox"/> DCF Pre-Service Training Curriculum – CM Specialty Track Modules	Start Date _____	End Date _____
<input type="checkbox"/> DCF Pre-Service Training Curriculum – LC Specialty Track Modules	Start Date _____	End Date _____
<input type="checkbox"/> Other (describe): _____	Start Date _____	End Date _____

Part 4: Attestation of Competency Demonstration

I consent to an audit of related agency records to verify my attestation, if requested by FCB. ☐ Yes ☐ 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 _____

*Attach a copy of the applicant’s unofficial college transcript or other university based documentation to verify completion of coursework