## Child Welfare Full Certification (CWPI, CWCM, or CWLC) Direct Supervision Verification Form

Effective Date: 12-1-14

## **Directions**

Thank you for taking the time to document the direct supervision you provided to the applicant for full child welfare certification (CWPI, CWCM or CWLC). Documentation of direct supervision is maintained by the employer and attested to by the individual who provided the direct supervision. Such documentation must be made available to the FCB in case of audit.

Please carefully read the <u>Direct Supervision</u> requirements before completing the <u>Direct Supervision Verification</u> form. If you have any questions about this requirement, please contact our offices at 850-222-6314.

The *Direct Supervision Verification Form* must be completed by the individual who provided the direct supervision only. Please submit the form directly to the FCB at the mail or email address below. *DO NOT* return the completed form to the applicant: the FCB will not accept the form from anyone other than the individual who provided the direct supervision.

Subject Line: Direct Supervision Verification (applicant name)

Mail: Email: admin\_assist@flcertificationboard.org

Florida Certification Board Attn: Certification Operations 1715 South Gadsden Street Tallahassee, FL 32301

<u>Direct Supervision Requirement</u>: Full certification applicants must complete and submit documentation of the following direct supervision in the discipline in which they are seeking certification. Direct supervision must be completed during the provisional certification period. Supervision is face-to-face contact between a qualified supervisor and a certification applicant/provisionally certified professional during which the applicant apprises the supervisor of the status of a case, the case is discussed, the supervisor provides the applicant with oversight and guidance in working the case, and evaluates the applicant's performance. Individual and/or group supervision must occur in minimum of 15-minute increments. Field observations and follow-up case consultation should last approximately 2 hours.

Type of Supervision	Minimum Requirement	Guidelines	
Field Supervision	6 observations with follow-up case consultation. A maximum of 2 of the 6 observations may be in professional, office-based settings.	The observation and case consultation should take approximately 1.5 to 2 hours to complete at minimum.  One-on-one supervision in minimum increments of 15-minutes.  Supervision provided to two or more staff at one time. Staff refers to certified or uncertified persons.  See guidelines for individual and group supervision, above.	
Individual Supervision	20 hours of individual supervision.		
Group Supervision	10 hours of group supervision.		
Additional Supervision	10 hours of individual and/or group supervision.		

**Qualified Supervisors:** For certification purposes, a qualified supervisor is the applicant's immediate supervisor or any other agency supervisor, trainer, mentor, quality assurance staff or other agency management/leadership staff assigned by the employer to provide supervision to employees seeking certification.

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## Part 1: To be completed by the applicant before providing to the qualified supervisor for completion.

<b>Applicant Information.</b> Please list your identifying information and the position you hold for which you are requesting documentation of some, or the entire, direct supervision requirement.					
Name:					
Credential Sought:					
Part 2: To be completed by the Qualified Supervisor only.					
Section A: Direct Supervisor's Contact Information					
	Last Name	First Name			
	Title	Employer			
	Email Address	Business Phone			
Section B: Direct Supervision Hours					
1.	I <u>OBSERVED</u> the applicant in the field and <u>conducted a follow-up CASE CONSULTATION</u> with the applicant.				
1b.	* If "yes", indicate the number of field observations/case consultations completed:				
2.	I <u>provided <b>INDIVIDUAL</b> supervision</u> to the applicant.		☐ Yes* ☐ No		
2b.	* If "yes", indicate the number of hours of individu				
3.	I provided <b>GROUP</b> supervision to the applicant.		☐ Yes* ☐ No		
3b.	* If "yes", indicate the number of hours of group supervision provided (min. of 15 minute increments):				
Section C: On-the-Job Competency Demonstration					
5.	As a qualified supervisor, <u>do you have any concerns</u> about the applicant's ability to competently perform child welfare services under standard supervision?				
	* If "yes", the applicant will NOT be able to use the direct supervision documented on this form for certification purposes until a new form is submitted indicating all competency concerns are resolved.				
Section D: Attestation					
	By my signature, I attest that the above material is true to the best of my knowledge. The supervision hours indicated on this form are also documented according to agency protocol and I consent to an audit of agency records to support my attestation.				
	Verifier's Signature				