



# Certified Child Welfare Supervisor (CCWS) Application

## Employer Attestation of Eligibility

- ❖ Eligible applicants are identified by their employer. Applicants are responsible to create an online CCWS application with the NCBCWP; employers are required to attest to an applicant's eligibility to apply for certification.
- ❖ The NCBCWP accepts attestations from the employer's identified designee/point of contact that CCWS requirements for initial, provisional certification have been met by the applicant, supporting documentation is maintained, and the employer consents to an audit of relevant records if requested.
- ❖ Certification Point of Contact. Each participating employer has identified a Certification Point of Contact. This person will collect complete certification application forms from qualified individuals, review the forms for completeness, and forward the forms to the NCBCWP for processing.

*Note: Forms must be provided to the employer designated Certification Point of Contact using the email of the qualified individual who completed the form or their designee. Designees may not be the CCWS-P or his or her subordinate or peer and must cc the person who completed the form. The Certification Point of Contact will certify to the NCBCWP that observations forms were received according to policy requirement.*

- ❖ The employer completes and submits this form verify applicant eligibility for certification. Complete forms are provided to the employer's assigned Certification Point of Contact to forward to the NCBCWP for processing. Forms must be typed.

*Note: Applicants are required to use their name as it appears on their official government identification and encouraged to use their primary, personal email address. Assure that the name and email applicants submit to the NCBCWP matches the name and email listed in Part 3 of this form.*

### Employer Attestation of Applicant Eligibility for CCWS Certification

**Part 1: Verifiers Information.** Enter information for the employer's designee/point of contact will complete Parts 2 and 3.

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Part 2: Attestations.

1. The individuals listed in Part 3 are employed in a child welfare supervisory position eligible for certification.  Yes  No
2. The individuals listed in Part 3 have passed a criminal background screening according to Texas Administrative Code and rule, and is eligible to work with the target population.  Yes  No
3. The individuals listed in Part 3 hold a minimum of a Bachelor's degree OR were granted a degree waiver.  Yes  No
4. By my signature, I attest that the above material is true to the best of my knowledge; I have verified that documentation supporting each attestation is maintained by the employer and will be made available to the NCBCWP in case of audit.  Yes  No

\_\_\_\_\_  
Signature (NCBCWP accepts both manual and electronic signatures)

\_\_\_\_\_  
Date



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## *Employer Attestation of Eligibility*

**Part 3: Applicant Information.** List each eligible applicant by the name and email entered in his or her online CCWS application. Attach additional pages if needed.

Name	Email Address	Board Use Only
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