



Certified Child Welfare Supervisor (CCWS) Application

Training Provider Attestation of Compliance

- ❖ CCWS applicants are required to complete a minimum of 40 hours of training, specific to the core competencies established for the CCWS credential. Eligible training is provided by NCBCWP approved education providers. The Center is an approved education provider and curriculum delivered or sponsored by The Center is eligible for CCWS application purposes.
- ❖ The NCBCWP accepts attestations from the training provider's identified designee/point of contact that the provisionally certified individuals named in Part 4 have completed the CCWS 40-hour training requirement, supporting documentation is maintained, and the training provider consents to an audit of relevant records if requested.
- ❖ The training provider completes and submits this form to the NCBCWP to verify applicant compliance with the CCWS training requirement.
- ❖ CCWS training must be complete before starting any observations or case file reviews for certification purposes. The NCBCWP will compare the dated observation forms to the training end date indicated on this form. Observations completed prior to the documented training end date are not eligible for certification purposes.

Note: Observations are designed to support transfer of learning from the instructional environment to on the job performance. As such, observations should not be initiated before training.

- ❖ Submit the complete form to LaShanda Jones at ljones@flcertificationboard.org

Note: Forms must come from the work email of the individual completing the document, or their designee. The CCWS training requirement is approved when the NCBCWP can match a provisionally certified professional with an individual listed in Part 3. Please assure the applicants name and provisional certification number is correct.

Attestation of Compliance with the Training Requirement for CCWS Certification

Part 1: Verifiers Information. Enter information for the training provider designee/point of contact who will complete Parts 2 and 3.

Name: _____
Employer: _____ Title: _____
Email Address: _____ Phone Number: _____

Part 2: Training Delivery Information. The start and end dates refer to the overall 40-hour program, not each day, topic, etc.

Training/Curriculum Title: _____
Training Provider: _____ Phone Number: _____
Lead Trainer: _____ Email: _____
Start Date: _____ End Date: _____ Total Hours of Training: _____

Part 3: Attestations.

1. Each individual listed in Part 4 of this form has successfully completed the CCWS 40-hour training requirement, which was delivered by the training entity as provided in Part 2.
 Yes No
2. 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 exists, and such documentation is maintained by the training provider 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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Part 4: Training Participant Information. List each individual who completed the training program identified in Part 2. Please assure the individual's name is the same as it appears on their provisional certification award notice. Attach additional pages if needed.

Training Participant Name	Training Participant's CCWS-P Number	Board Use Only
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