

Directions

- 1. This form provides direction to CCWS applicants and qualified supervisors conducting On-the-Job Rated Observations and Competency Verification in a virtual environment.
- 2. Certification-eligible virtual observations may only be conducted within the parameters of the applicant's employing agency's active policy regarding virtual supervision and activities.
- 3. A copy of the employer's virtual supervision policy must be attached to this addendum and submitted with each Onthe-Job Rated Observation and Competency verification Forms which occurred in a virtual environment.
- 4. Certification-eligible virtual observations must meet all of the requirements for face-to-face observations.
- 5. The qualified supervisor conducting the virtual observation/rating/follow up performance consultation completes Part 1, secures and attaches a copy of the applicant's employing agency's policy allowing virtual supervision (to include effective dates), secures signature of the applicant in Part 2, and submits the completed form, a copy of the agency policy regarding virtual supervision, and the form(s) that documents achievement of a three-point rating or higher to the attention of Auna Moore at <u>amoore@flcertificationboard.org</u>.

Part 1: Attestation of VIRTUAL Observation. To be completed by the qualified supervisor conducting the virtual rated observation.			
I have read the ADDENDUM: DIRECTION for VIRTUAL OBSERVATION understand virtual visits may only be conducted within the parameters of the applicant's employing agency.			🗖 No
I completed a virtual observation of the applicant, for a minimum of 30 minutes, and conducted a follow-up performance consultation for a minimum of 15 minutes as identified in Part 3 and described in Parts 4A-D of the attached On-the-Job Rated Observation and Competency Verification Form(s).			🗖 No
Identify each observation that was conducted in a virtual environment:			
Communication Competencies	Leadership Competencies		
Managing Performance Competencies	Professional Child Welfare Foundation Competencies		
I attest that the virtual observation was conducted in keeping with the applicant's employer's current, virtual supervision policy; the policy was in effect at the time of the virtual observation; and a copy of the current policy is attached.			🗖 No
I consent to an audit of related agency records to verify my attestation, if requested by FCB.			🗖 No
By my signature, I attest that the above material is true.			
Qualified Supervisor/Observer Name (Printed)			
Qualified Supervisor/Observer Signature (FCB accept	ots both manual and electronic signatures) Date		
Part 2: Verification of Virtual Observation and Performance Consult. To be completed by the applicant.			
I participated in the rated observation and performance consultations indicated above in a virtual environment that was conducted according to my employer's current, active virtual supervision policy.			🗖 No
Applicant Name (Printed)			
Applicant Signature (FCB accepts both manual and e	electronic signatures) Date		