## DFCS CHILD PROTECTION CERTIFICATION PROGRAM FAST TRACK CERTIFICATION APPLICATION

## To be completed by applicant:

1. Enter name below (use same name as in PeopleSoft):			
Last Name	First Name	MI	
2. Enter your 8-digit PeopleSoft ID Number. (If you do not know the number, check with your personnel office).			
·	ou work? List the primary offic	e if you work in more than one	
earned. (Please read the chell High School (or GED)  Some College  Bachelor of Social Work (Bachelor of Social Work (Bachelor of Social Work (Bachelor of Social Work (Bachelor of Social Work (Master of Soci	SSW) es Related Field (Not BSW). Specify ork SW) ces Related Field (Not MSW). S Services Related Field (Not MSW). S Services Related Field. Specify	ecify pecify	
	ility or program area of superv		
Adoptions:	Foster Care:     FC Intake   FC   FC   FC   FC   FC   FC   FC   F	Child Protective Services:  ☐ CPS Intake	
<ul><li>☐ Adoptions Intake</li><li>☐ Adoptions Ongoing</li></ul>	☐ FC Ongoing	☐ CPS Investigations	
☐ Resource Development	☐ Resource Development	☐ CPS Ongoing	
☐ Other	☐ Other	☐ Other	

6. What is your current job title?			
Social Services Case Management, Associated Social Services Case Manager Social Services Case Manager, Advanced Social Services Specialist Social Services Supervisor Other, please specify			
6. Have you been employed by Georgia DFCS and services supervision for Georgia DFCS for a to received satisfactory performance evaluations supervisor). □Yes □ No	otal of five (5) years as of April 1, 2004, AND		
I certify that the above information is correct.			
Applicant's Signature	Date		
To be completed by Immediate Supervisor and s Field Director	igned by Supervisor, County Director, and		
As the supervisor, I verify that the applicant has been employed by Georgia DFCS and has provided social services or social services supervision for Georgia DFCS for a total of five (5) years as of April 1, 2004, AND received satisfactory performance evaluations during that time. $\Box$ Yes $\Box$ No			
Supervisor's Signature	Date		
County Director's Signature	Date		
Field Director Signature	Date		
PLEASE FAX FORM TO JULIE YORK, EDUCATION & TRAINING TO: DFCS EDUCATION & TRAINING SERVICES SECTION ATTN: JULIE YORK TWO PEACHTREE STREET, NW, SUITE 453 ATLANTA, GEORGIA 30303-3142	G SERVICES SECTION, AT 404-657-4058 OR MAIL		

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