

Family Support Supervisor Training Fee Waiver Agreement

Family Support supervisors employed by programs which are participating in the *Iowa Family Support Credentialing Program* are eligible for a fee waiver. For purposes of this waiver, the program must meet one of the following criteria:

1. Program has already earned the Family Support Credential; or
2. Program has been accepted and is actively engaged in the credentialing process; or
3. Program is on the waiting list to begin the credentialing process.

The fee waiver is being made possible with the generous support of State of Iowa Early Childhood Iowa Professional Development funds awarded to the Iowa Family Support Credentialing Program.

Please note: Because the class is limited in size and the value of the course is \$1,000.00, an ***advance refundable deposit of \$200 is required*** upon registration. The deposit will be refunded in full upon the trainee's attendance at all 8 training days and completion of all coursework and final exam. Participants attending makeup days for excused absences must complete those makeup days by the end of the next course offering.

Participant Application

Name of Applicant: _____

Name of Employer/Org: _____

Name of Program model where you supervise Family Support Staff (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Early ACCESS | <input type="checkbox"/> Healthy Start |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> NEST or Incentive Based Parent Education |
| <input type="checkbox"/> Even Start | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> FaDSS | <input type="checkbox"/> Parent Education in a group setting |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other, locally developed model |
| <input type="checkbox"/> Healthy Family Iowa (HFA affiliated or accredited) | |

Number of years/months you have worked as a Family Support Supervisor: _____

By signing below you are agreeing that you are *currently employed* as a supervisor in an eligible program, that you are willing to participate fully in the Family Support Supervisor training and that you have the support of your employer to participate.

Signature/Date

Please return to: National Resource Center for Family Centered Practice
University of Iowa School of Social Work
UI Research Park
100 MTP4, Room 162
Iowa City, IA 52242-5000
Phone: 319.335.4965
FAX: 319.335.4964