

# Family Support Supervisor Certification Training Registration Form

**Registration and Schedule:** Agencies and individuals interested in registering for the Family Support Supervisor (FSS) Certification program must complete and submit this registration form. Consult the current FSS Training Schedule located on the National Resource Center's website at <http://www.uiowa.edu/~nrcfcp/training/familysupport.shtml> to determine the session date/location you would like to attend. **Sessions are limited to 25 participants;** registrations are on a first come, first served basis. Information on the training site and hotel will be sent to you in your confirmation of registration letter.

For additional information, contact Lisa D'Aunno, Director of Training, by phone: 319/335-4965 or email: [lisa-daunno@uiowa.edu](mailto:lisa-daunno@uiowa.edu).

**Family Support Supervisor Certification Fees:** \$1,000 per participant for eight-day course. Payment can be made with check or purchase order. Registration includes eight-day training program conducted by national trainers, participant training manual, evaluation of all homework/portfolio assignments, consultation during training and national certification document. Group work and homework **require** that trainee be currently supervising employees. Attendance at all eight days is mandatory for certification.

- I am applying for a fee waiver and verify that our agency is participating in the *Iowa Family Support Credentialing Program*. I understand that a \$200 refundable deposit is required at the time of registration.
- I need lodging\* in Des Moines. My one-way travel to the meeting site is \_\_\_\_\_ miles (participants who must travel 50-89 miles one-way will be eligible for one nights' lodging; participants who must travel 90 miles or more one-way will be eligible for two nights' lodging). *\*Must be eligible for the fee waiver to also qualify for lodging.*

## **Registration Form: Please Print Clearly**

FSS Session Location/Date Requested \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Title/Position: \_\_\_\_\_ Years in current supervisory position: \_\_\_\_\_

Name of Employer/Org: \_\_\_\_\_

Name of Program Model: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I supervise \_\_\_\_\_ employees. Signed: \_\_\_\_\_

Emergency contact (e.g., weather cancellation, etc.): \_\_\_\_\_

(Name /Phone Number/Email address)

Please Return Completed Form To: Julia Neff, National Resource Center for Family Centered Practice, The University of Iowa School of Social Work, University of Iowa Research Park, 100 MTP4, Room 162, Iowa City, IA 52242-5000; Email: [julia-neff@uiowa.edu](mailto:julia-neff@uiowa.edu); phone (319) 335-4965; fax: (319) 335-4964, Website: [www.uiowa.edu/~nrcfcp](http://www.uiowa.edu/~nrcfcp)

