DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Employee Participation

Child Welfare Training and Advancement Program (CWTAP)

TO: CWTAP Application Committee

RE:

Employee Name

The above captioned employee has applied to the Child Welfare Training and Advancement Program (CWTAP) at [ ]  EWU [ ]  UWS [ ]  UWT in the [ ]  MSW [ ]  BASW program. Participation in CWTAP is not a guarantee of employment.

As the Regional Administrator, Area Administrator, Supervisor or designee, I agree to work with CWTAP to identify workplace practicum arrangements that satisfy educational requirements and agency mission.

Supervisor Print Name Date

Area Administrator Print Name Date

(If applicable)

Regional Administrator Print Name Date

Revised January 13, 2023