

IWBMC-CP Supervised Observation Form

For Initial Eligibility and Re-certification

This form is required for:

- ⇒ Evidence of successfully completing 40 hours of hands-on implementation of the IWBMC[™] to meet eligibility requirements for the IWBMC-CP credential
- \Rightarrow Evidence of successfully completing the hands-on CEU hours required for IWBMC-CP Re-certification.

Supervisors must complete the following:

Supervisor NAME
Must be on the NCBC list of approved supervisors. Supervisors who are not on the list and wish to be included may complete the
Monday form by contacting The Jacob's Ladder Group: FrontOffice@thejacobsladdergroup.org

Please complete the table below for each observation that you supervised. Each form must be targeted to one certificant and will be included as evidence of meeting recertification requirements:

Full Name of Certificant:				
Type of Observation: Provider or Evaluator Implementation	Length of Observation	Date of Observation	Setting of Observation	Satisfactory Performance: Y/N
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By signing below, you agree that all information provided is accurate and true to the best of your knowledge. You m	าลy
include any relevant notes or comments below the signature line.	

Signature	DATE