



# Application to Receive the Family Development Credential from the MidSouth Regional Family Development Credential (FDC) Program

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(as you would like for it to appear on your credential)

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Education Level:  HS/GED  Some College  Associate  
Month/Year  Bachelor  Graduate  Doctorate

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Facilitator: \_\_\_\_\_ Portfolio Advisor: \_\_\_\_\_

Full name of employer: \_\_\_\_\_

Work mailing address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Brief description about the population your agency serves and services offered:  
\_\_\_\_\_

## Worker's Affirmation:

*I hereby affirm that I have completed the ten chapters of the Empowerment Skills for Family Workers curriculum by reading the Worker Handbook, participating in FDC sessions, and completing a portfolio, which demonstrates growth in understanding and application of the skills and concepts in this curriculum. I have taken the FDC exam, and I hereby apply to receive the Missouri Family Development Credential.*

For the portfolio:

- I have completed at least three *Activities to Extend Your Learning* for each chapter, and these have been reviewed by my Portfolio Advisor.
- I have done at least one *Skills Practice* for each chapter, completed a self-evaluation of that experience, and received feedback from my Portfolio Advisor.
- I have worked with one family to create at least three *Family Development Plans* that demonstrate my ability to work in partnership with them on identification of a goal and progress toward meeting that goal, and have included those plans (without names) in my portfolio.

\_\_\_\_\_  
Worker's Signature/Date

## Facilitator's Affirmation:

*I hereby affirm that \_\_\_\_\_ has completed the ten chapters of the FDC program (or if any were missed, has demonstrated to myself and/or the Portfolio Advisor that s/he read that chapter of the Worker Handbook and has reflected on its content).*

\_\_\_\_\_  
Facilitator's Signature/Date

## Portfolio Advisor's Affirmation:

*I hereby affirm that \_\_\_\_\_ has completed the required activities for portfolio development and in so doing has demonstrated growth in understanding and application of skills and concepts in this curriculum.*

\_\_\_\_\_  
Portfolio Advisor's Signature/Date