



# Family Support Specialist Primary Certification Application

Early Childhood Services Bureau (ECSB)

Early Childhood and Family Support Division (ECFSD)

Montana Department of Public Health and Human Services (DPHHS)

State of Montana

## **Instructions:**

Read and follow the instructions when applying for Primary Certification as a Family Support Specialist (FSS). Three parts are required for submission and presented below in a checklist format. Montana Milestones staff will review each application.

### **Part I – Education and Training**

- Complete Sections A-C.
- Employer attestation of confirmation that applicant successfully completed a baccalaureate program to be completed in Appendix II.
- Include a copy of any license or certificate which will help support your application.

### **Part II – Employment History**

- Describe past work experience relevant to working with families and/or children, especially any experience related to working with children with disabilities.
- Complete Appendix I form for each relevant work experience.
- Complete Appendix II form for verification of employment with a Montana Milestones Contractor.

### **Part III – Letters of Recommendation**

- Request two letters of recommendation from individuals with knowledge of your work experience and skills in this field and submit directly to Montana Milestones at the address below.

**Send all application materials to:**

**partchelp@mt.gov**

**Subject:** *Applicant name - Letter of Recommendation*

**or**

**Montana Milestones**

**Early Childhood and Family Support Division**

**PO Box 4210**

**Helena, MT 59620-4210**



### **Part I – Education and Training**

#### **A. Personal Information**

<b>Applicant's Name</b>	
<b>Home Address</b>	
<b>Street Address</b>	<b>Work Address</b>
<b>Phone</b>	<b>Phone</b>

#### **B. Education and Training**

List all education and training relevant to this application.

<b>Name of School or Training Site</b>	<b>Degree/Training Received</b>	<b>Graduation/Completion Year</b>

#### **C. Certification or Licensure**

Check the appropriate box if you possess **current** certification, licensure, or work experience relevant to Primary Family Support Specialist Certification.

<b>Qualification</b>	<b>Montana</b>	<b>Other State/Country?</b>
Licensed Psychologist		
Registered Nurse		
Member of Academy of Certified Social Workers		
Special Education Certification or Endorsement		
Early Intervention Specialist Certification		
Licensed Speech/Language Pathologist		
Licensed Audiologist		
Licensed Physical Therapist		
Licensed Occupational Therapist		
Nutritionist		



Have you possessed relevant certification in the past? If yes, what:

Do you have other qualifications relevant to this certification?

### **Part II – Employment History**

Complete Appendix I for any work experience you have that is relevant for working with families and/or children.

### **PART III – LETTERS OF RECOMMENDATION**

**To the applicant:** Provide the wording below when requesting a letter of recommendation. Have the writers of your letters of recommendation submit the letters directly to:

**partchelp@mt.gov**

**Subject:** *Applicant name* - Letter of Recommendation

**or**

**Montana Milestones**  
**Early Childhood and Family Support Division**  
**PO Box 4210**  
**Helena, MT 59620-4210**

**To the Writer:** The person requesting a letter of recommendation is an applicant for Primary Certification by the State of Montana as a Family Support Specialist to provide early intervention services such as family training/coaching and service coordination. Your letter of recommendation should address your direct knowledge of the applicant's knowledge, skills, and work experiences relevant to providing these services to children with disabilities and their families. Thank you for your consideration.

### Appendix I

Employer		
Phone		
Supervisor		
Dates of Employment		
Position Title		
Full-time	Part-time	
Did/does the work performed for this employer take place in an early intervention setting?		
Yes	No	Unsure
How often does/did the position require you to provide direct services to children with disabilities and their families?		
Never	Occasionally	Routinely
How often did/does the position require you to gather assessment information about children's skills and behaviors?		
Never	Occasionally	Routinely
How often did/does the position require you to gather assessment information about families' concerns, wants, priorities, and resources?		
Never	Occasionally	Routinely
How often did/does the position require you to develop Individualized Family Service Plans with families?		
Never	Occasionally	Routinely
How often did/does the position require you to plan intervention strategies or other educational activities within the daily routine with children and families?		
Never	Occasionally	Routinely
How often did/does the position require you to implement intervention programs and services with children with disabilities?		
Never	Occasionally	Routinely
How often did/does the position require you to provide direct services <i>by yourself</i> to children with disabilities and their families?		
Never	Occasionally	Routinely
How often did/does the position require you to provide direct services as a <i>part of a team</i> to children with disabilities and their families?		
Never	Occasionally	Routinely



List other major job duties and the percent of your time engaged with those duties:

Describe briefly, in narrative form, the nature of the work you performed/are performing for this employer or attach a position description for your current position.



## Appendix II

Name of Applicant \_\_\_\_\_

**To employer:** Please have the direct supervisor or a member of the human resources team complete this section. This attestation can be submitted as part of the complete application.

I attest, to the best of my knowledge, that the named applicant has completed a Baccalaureate program and is currently employed as a Family Support Specialist by the agency named below.

Name of hiring agency:

Date of hire:

Printed name of individual completing attestation and title:

Signature of individual completing attestation \_\_\_\_\_