



CPS Supervisor Confirmation Form

Thank you for your interest in the CPS Scholarship Program.

Your application cannot be reviewed if the following supervisor information is incomplete.

Before we can process your application, please have your **Supervisor** complete this information and email it to Jennifer@njpn.org or fax it to NJPN at 732-367-9985.

Applicant's Name: _____

Employer: _____

Supervisor's Name	
Supervisor's Title	
Supervisor's Credentials	
CPS Certificate # (if applicable)	
E-mail Address (Required)	
Phone number	
Are you eligible to supervise CPS/APS interns under New Jersey law (13:34C-6.2)?	Yes No
Will you be the applicant's internship supervisor?	Yes No

Supervisor's Signature

Date

Please return this information to jennifer@njpn.org.