Certified Behavioral Health Technician (CBHT)

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

Define Yourself as a Professional through Certification.
About Us

Preface
The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization that has been operating in Florida for over 30 years. It currently credentials over 15,000 individuals working in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

The FCB adheres to the highest industry psychometric standards for developing, implementing and administering certification programs and examination instruments. Once certified, each profession is required to strictly observe a Code of Ethical and Professional Conduct and participate in ethical complaint investigation and disciplinary procedures.

Mission
The FCB serves the public interest by developing, administering and maintaining certification programs that reflect current standards of competent practice for health and human service professionals. Our mission is to protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Property of the Board
Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification. Certification wall certificates and wallet cards are the property of the FCB and must be surrendered upon Board request.

Board Policy and Procedures
All FCB requirements, policies and procedures are maintained on our website at www.flcertificationboard.org. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH FCB POLICIES. If you have any questions regarding FCB policies, please do not hesitate to contact us directly for guidance.
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Certification Process, Standards and Requirements Overview

Certification is a designation awarded to individuals who demonstrate their competency in a given field. Competency is achieved through a combination of education and experience. In order to apply for the Certified Behavioral Health Technician (CBHT) credential, applicants must provide verifiable documentation that demonstrates he or she has the specified educational and experiential background necessary for certification.

This Certified Behavioral Health Technician (CBHT) Candidate Guide for Application provides policy requirements and standardized forms designed to assist the applicant to gather mandatory documentation. Some of the forms are to be completed by the applicant and provided directly to the FCB via the electronic application portal or mail; some of the forms are to be provided to former employers, supervisors, personal references, or others to complete and mail directly to the FCB on behalf of the CBHT applicant. Forms mailed to the FCB will be uploaded to the applicant’s electronic file by the assigned certification specialist. Each form indicates the individual who must complete the document.

Please carefully read this document PRIOR to applying for certification as it includes information on certification application, award and maintenance process, policy and mandatory forms.

Application Submission Options

The Florida Certification Board accepts both electronic and hard-copy applications for certification. Throughout this document, you will find directions for both on-line and hard-copy application.

The preferred method of application is electronic, via our on-line portal. There is a $25 data entry fee for all hard-copy submissions.

- Individual’s submitting electronic applications are encouraged to print out a hard copy of all applicant-completed forms to use as a worksheet prior to entering data on-line. Additionally, on-line submission requires the applicant to upload specified supporting documentation to the system. For additional assistance in electronic submission, please contact our offices at 850-222-6314.

- Individual’s submitting hard-copy applications are encouraged to make a complete photocopy of the application, including all supporting documentation, prior to submitting the application to the FCB. Hard-copy applications, including all supporting documentation, will be entered into the FCB electronic database by certification specialists.

A valid email address is required for both on-line and hard-copy application submissions.
**Description of a Certified Behavioral Health Technician (CBHT)**

The CBHT designation is an entry-level credential for persons who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, in-patient settings or community based programs. The CBHT requires a minimum of a high school diploma or general equivalency degree.

**Certification Standards**

The following table provides an overview of the certification standards and requirements for candidates to earn and maintain Certified Behavioral Technician (CBHT) certification.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Minimum Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Education</td>
<td>High-school Diploma or General Equivalency Degree</td>
</tr>
<tr>
<td>Content Specific Training</td>
<td>30 hours of content specific training, allocated as follows:</td>
</tr>
<tr>
<td></td>
<td>1. Clinical Competence: 8 hours</td>
</tr>
<tr>
<td></td>
<td>2. Maintaining Client and Personal Safety: 4 hours</td>
</tr>
<tr>
<td></td>
<td>3. Documentation and Patient Confidentiality: 4 hours</td>
</tr>
<tr>
<td></td>
<td>4. Ethical and Professional Responsibilities: 4 hours</td>
</tr>
<tr>
<td></td>
<td>5. Electives: 10 hours in any BHT domain</td>
</tr>
<tr>
<td></td>
<td>All training must have been completed within the last 10 years.</td>
</tr>
<tr>
<td>Related Work Experience</td>
<td>1,000 hours of formal work providing behavioral health related services.</td>
</tr>
<tr>
<td></td>
<td>All experience must have been gained within the last 10 years.</td>
</tr>
<tr>
<td>On-the-Job Supervision</td>
<td>24 hours of direct supervision of the applicant’s performance of BHT-related services, these hours must include a minimum of 4 hours per performance domain (Clinical Competence; Maintaining Client and Personal Safety; Documentation and Patient Confidentiality; Ethical and Professional Responsibilities). The remaining 8 hours may be in any of the performance domains.</td>
</tr>
<tr>
<td></td>
<td>All on-the-job supervision must have been completed within the last 10 years.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>1 professional letter of recommendation for certification.</td>
</tr>
<tr>
<td></td>
<td>1 character/personal letter of recommendation for certification.</td>
</tr>
<tr>
<td>Written Exam</td>
<td>Certified Behavioral Health Technician Exam</td>
</tr>
<tr>
<td>Criminal Background</td>
<td>Must have a clean criminal history for a minimum of 3-years prior to application for certification, including release from all sanctions.*</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>Must read and sign an attestation agreeing to comply with the FCB Code of Ethical &amp; Professional Conduct.</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>10 hours per year. Training content must be related to at least one of the CBHT performance domains.</td>
</tr>
</tbody>
</table>
CEU hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.)

Renewal
Annual, on June 30th of each calendar year.

*The FCB actively acknowledges that, for many, part of recovery includes rehabilitation. In most instances, as long as the applicant has a clean criminal history for at least 3 years prior to applying for certification, a criminal history will not exclude the applicant from certification.

Please DO NOT automatically exclude yourself if you have a criminal background; contact the FCB for guidance and/or technical assistance.

**Fee Schedule**

The following table provides the current fee structure to earn and maintain Certified Behavioral Health Technician (CBHT) certification.

In the event that the fee schedule changes, the fees posted on the FCB website will take priority.

**ALL FEES ARE NON-REFUNDABLE**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Application</td>
<td><strong>$100.</strong> This fee is valid for a 12-month period. If the CBHT credential is not earned with 12-months of paying the certification application fee, a continuation fee must be paid.</td>
</tr>
<tr>
<td></td>
<td>This fee must be paid (on-line) or submitted (hard-copy) with the Certification Application: Certified Behavioral Health Technician (CBHT).</td>
</tr>
<tr>
<td>Manual Application Processing Fee</td>
<td><strong>$25.</strong> This fee is required for any manual, hard-copy applications submitted to the FCB. The fee covers the cost of data entry.</td>
</tr>
<tr>
<td></td>
<td>This fee must be submitted with the Certification Application: Certified Behavioral Health Technician (CBHT).</td>
</tr>
<tr>
<td>Certified Behavioral Health Technician Exam</td>
<td><strong>$65.</strong> This fee must be paid with every exam attempt.</td>
</tr>
<tr>
<td></td>
<td><strong>DO NOT PAY THIS FEE UNTIL YOU ARE APPROVED TO TEST BY AN FCB CERTIFICATION SPECIALIST</strong> because the FCB will not refund exam fees if an applicant is not approved to test.</td>
</tr>
<tr>
<td>CBHT Annual Renewal</td>
<td><strong>$50.</strong> This fee must be paid on or before June 30th of each calendar year.</td>
</tr>
<tr>
<td>Renewal Late Fee</td>
<td><strong>$30.</strong> This fee must be paid for renewal payments received between July 1st and July 31st of each calendar year.</td>
</tr>
</tbody>
</table>
ALL FEES ARE NON-REFUNDABLE
Part 1: The Certification Process

Earning a professional credential is a multi-step process; applicants have a maximum of 12-months to earn certification. The 12-month period starts on the day the Certification Application and fee(s) are received at the FCB office. The FCB will provide eligible applicants with directions to continue if the “out-of-time” date is reached.

Application Methods

We offer two ways to apply for your certification.

Online Electronic Certification Applications

Our preference is that you apply online using the FCB Application Portal. Online applications offer the quickest processing time and are most cost effective.

You can access the FCB Portal on the home page of the FCB website at www.flcertificationboard.org. Click on the bar that says “Ready to Apply” to access the online application system. If you are using the system for the first time, you will be required to complete a brief registration process prior to completing the certification application online.

This Candidate Guide for Application contains the FCB required forms, which should be used as worksheets for completing the online application fields of information. The Certification Application form is built into the online system, but all other forms have to be

1. downloaded,
2. filled-out,
3. saved as an electronic file, and
   a. uploaded into the system (if submitted by the applicant) or
   b. submitted via email or mail by the person responsible for completing the form.

The applicant is responsible for completing and submitting the Certification Application (online) and uploading the Training Verification Form (and supporting documents) into the online application system at the time of application.

It is important to note that, at this time, the applicant cannot “save” an incomplete application in the system and fill it out in several sessions; please do not begin the application process until you have the data needed for the Certification Application, the completed Training Verification form, and the supporting training documents (CEU certificates, etc).
The forms that are completed by supervisors, persons making recommendations, and work verification are uploaded and attached to your online application by an FCB Certification Specialist once they are received. A Guidebook for Online Certification Application is available on the FCB website to help you navigate the system and processes.

Download, Print and Mail

If you choose to submit your application in hard-copy format, the application forms are available as editable PDF documents. Visit the FCB website to download the forms. Here are the steps:

1) Locate and save the appropriate form(s) to your desktop;
2) Open the file and fill in the information using the fields provided;
3) Print and verify application is complete before mailing.

It is preferred that the forms be typed instead of completed by hand. **There is an additional $25 processing fee for all hard-copy submissions.**
Step 1: Certification Application

Your certification application requires you to document your education, training, experience and other specified indicators of competency. Each requirement must be documented according to FCB policies and procedures, using FCB official forms.

Please be aware that you must seek out current and prior employers, education providers, and references that will provide documentation and verification to support your certification application: **these persons must submit information directly to the FCB by email, fax or mail.** Unless specified, the FCB will not accept forms and/or documentation that are completed and/or submitted by the certification candidate.

The following forms must be received and approved by FCB certification staff via the on-line application portal email or hard-copy mail as specified below.

<table>
<thead>
<tr>
<th>Form/Documentation</th>
<th>Individual or entity to complete form/submit documentation to FCB</th>
</tr>
</thead>
</table>
| Certification Application | The individual seeking certification.  
May be submitted via the on-line application portal or via hard-copy mail. |
| Training Documentation | The individual seeking certification.  
May be submitted via the on-line application portal or via hard-copy mail. |
| Diploma/Degree | High-school Diploma or General Equivalency Degree documentation may be submitted by the applicant via the on-line application portal or via hard-copy mail. |
| Related Work Verification | The employer or entity overseeing CBHT-related work performed by the applicant.  
May only be submitted via e-mail, or hard-copy mail. |
| On-the-Job Supervision | The individual providing direct, on-the-job supervision of the applicant’s work performance.  
May only be submitted via e-mail, or hard-copy mail. |
| Recommendation | The individual providing a recommendation of the applicant for certification.  
May only be submitted via e-mail, or hard-copy mail. |

**TIP:** The FCB recommends that you provide each individual or entity who you are asking to complete form(s) and/or submit documentation on your behalf with the following:

- A requested due date for submitting the documents;
- the FCB form;
- the FCB email address of admin_assist@flcertificationboard.org; fax number 850-222-6247 **OR** a stamped envelope, addressed to the FCB as follows: **Florida Certification Board; Attn:** Certification Operations; 1715 S. Gadsden Street; Tallahassee, FL 32301.
**Certification Application**

**Requirement:** The *Certification Application form* has 8 sections that collect mandatory data for the FCB certification database. All sections must be complete and the applicant must provide all requested information and attach a copy of his or her High School Diploma or General Equivalency Degree (GED). Applicants who attended college or university may provide a college transcript to satisfy the educational requirement (for this purpose an official transcript is not required.)

Eligible High School Diplomas or General Equivalency Degrees (GED) are issued by institutions recognized by state Departments of Education.

**How to Document:**

**Electronic submission:** The applicant completes all required fields of data and uploads a copy of his or her High School Diploma or General Equivalency Degree.

**Hard-copy submission:** The applicant completes the *Certification Application form*, attaches the Certification Application Fee ($100) and the Manual Processing Fee ($25), and a copy of his or her High School Diploma or General Equivalency Degree.

**FCB Accept/Deny Criteria:** The *Certification Application form* will be approved if all sections are completed; fees are paid; the applicant agrees/acknowledges FCB policy statements; official documentation of Education Background is received; and the applicant’s criminal background is approved.

Failure to meet these requirements will result in the denial of the *Certification Application form*. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

<table>
<thead>
<tr>
<th>Application Section</th>
<th>Policy Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics/Contact Information</td>
<td>Provide all requested information. If information is not available, enter “N/A” or “none”. Applicants may not omit social security numbers, primary email address, or mailing address.</td>
</tr>
<tr>
<td>Education Background</td>
<td>Provide all requested information and attach a copy of your High School Diploma or General Equivalency Degree (GED). Applicants who attended college or university may provide a college transcript to satisfy the educational requirement (for this purpose an official transcript is not required.) Eligible High School Diplomas or General Equivalency Degrees (GED) are issued by institutions recognized by State Departments of Education.</td>
</tr>
<tr>
<td>Work History</td>
<td>Provide your work history for the last 5 years. Attach additional sheets if necessary: be sure to include your name and all information provided on the application. Please note: this section of the application does not satisfy the Related Work Experience requirement.</td>
</tr>
<tr>
<td>Application Section</td>
<td>Policy Statement</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Recommendations</td>
<td>For tracking purposes, you must provide the names of the two (2) individual’s you are asking to provide a Recommendation for Certification. Should a reference change, please contact the FCB to update your application file. Please note: this section of the application does not satisfy the Recommendation requirement.</td>
</tr>
<tr>
<td>Background History</td>
<td>You are required to disclose your criminal background history and authorize the FCB to conduct random criminal background checks to assure compliance with the FCB Code of Ethical and Professional Conduct. If you have a felony in your history, you must disclose specified information and provide official documentation showing your release from all court-ordered sanctions. Please Note: carefully read the FCB Criminal Background Policy and the FCB Code of Ethics which is posted on the FCB website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> to ensure understanding of policy and requirements.</td>
</tr>
<tr>
<td>Ethical and Professional Conduct</td>
<td>You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethical and Professional Conduct, which is posted on the FCB website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a>.</td>
</tr>
<tr>
<td>Assurance and Release</td>
<td>You are required to provide specified assurances and releases to the FCB as part of the certification application process.</td>
</tr>
</tbody>
</table>
Content Specific Training Requirement

**Requirement:** CBHT applicants must complete and document a minimum of **30 hours of training, with a minimum number of training hours in each performance domain as follows:**

1. Clinical Competence: 8 hours
2. Maintaining Client and Personal Safety: 4 hours
3. Documentation and Patient Confidentiality: 4 hours
4. Ethical and Professional Responsibilities: 4 hours
5. Electives: 10 hours in any BHT domain

All training must have been completed within the last 10 years.

Content-specific training for initial application purposes **DOES NOT** have to be delivered by an FCB approved training provider.

**How to Document:**

**Electronic Submission:** The applicant completes all required fields of data on the *Training Verification form* and uploads the completed form and copies of supporting documentation to the system.

**Hard-copy Submission:** The applicant completes the *Training Verification form*, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, online application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant’s Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Hours

*If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.*

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the
number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3-semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on treatment planning may include partial credit for “documentation” training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

FCB Accept/Deny Criteria: Content-specific training will be approved if the training documentation includes all required information; the training was completed within the last 10 years; and there is a clear link between the training event and the content-specific training requirement. Each requirement is verified individually.

Failure to meet these requirements will result in the denial of the training event for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

See Section 3: Sample Training Topics by Domain for examples of eligible content-specific training.
Related Work Experience Requirement

Requirement: CBHT applicants must complete and document a minimum of 1,000 hours of paid experience providing behavioral health related services. All experience must have been gained within the last 10 years.

How to Document:

Electronic Submission: The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received Related Work Verification forms to the applicant’s electronic file.

Hard-copy Submission: The applicant completes Part 1 of the Related Work Experience Verification form. The applicant’s current or former employer’s personnel officer or designee completes Part 2 of the form and attaches supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided. If multiple employers need to be contacted to document all hours, provide a separate form to each employer.

The applicant may not complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant’s employer’s personnel officer, or designee only.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail: Florida Certification Board Attn: Certification Operations
1715 S. Gadsden Street
Tallahassee, Florida 32301

Email: admin_assist@flcertificationboard.org
Subject Line: Work Experience Verification (applicant name)

How to Calculate Related Work Experience Hours:

Full-time work is credited at the rate of 40 hours per week; 1,040 for 6 months; or 2,080 for 1 year.

Part-time work is credited on an hour-for-hour basis.

FCB Accept/Deny Criteria: Related work experience will be approved if the Form is completed in full, a position description/narrative of duties is provided; work experience was performed within the last 10 years, and there is a clear link between the duties performed and the duties expected of a Certified BHT.

Failure to meet these requirements will result in the denial of the related work experience for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.
Direct Supervision Requirement

**Requirement:** CBHT applicants must complete and document a minimum of 24 hours of on-the-job supervision by a qualified supervisor.

A minimum of 4 hours of supervision must be provided and documented for each performance domain *(Clinical Competence; Maintaining Client and Personal Safety; Documentation and Patient Confidentiality; Ethical and Professional Responsibilities)*. The remaining 8 hours may be in any of the performance domains.

All on-the-job supervision must have been completed within the last 10 years.

**Definition of a Qualified Supervisor:** For certification purposes, a Qualified Supervisor is an individual holding a minimum of a bachelor’s degree who is also in a position that includes supervisory responsibilities defined by the organization’s published job description. Qualified supervisors include the applicant’s immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification.

_Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements._

**How to Document:**

**Electronic Submission:** The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received On-the-Job Supervision Verification forms to the applicant’s electronic file.

**Hard-copy Submission:** The applicant completes Part 1 of the On-the-Job Supervision Verification form. Each qualified supervisor will complete Part 2 of the form. If multiple qualified supervisors need to be contacted to document all hours, provide a separate form to each qualified supervisor.

To document the on-the-job supervision provided to the applicant, the qualified supervisor must maintain employer based documentation, as defined below.

**Employer-based documentation:** Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the FCB with the on-the-Job Supervision Verification form. Employers are required to maintain supervision records that support the information documented in the FCB’s Supervision Verification Form in case of audit.

**On-the-Job Supervision Verification Form:** Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirements.
The applicant may not complete any part of the form, except Part 1. It is FCB policy that this form is only completed by the individual who provided the applicant’s on-the-job supervision.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept On-the-Job Supervision Verification documentation completed and/or submitted in part or whole by the applicant.

**Mail:**
Florida Certification Board  
Attn: Certification Operations  
1715 S. Gadsden Street  
Tallahassee, Florida 32301

**Email:** admin_assist@flcertificationboard.org  
**Subject Line:** On-the-Job Supervision (applicant name)

**How to Calculate On-the-Job Supervision Hours:**

Supervision hours must be reported as documented according to agency protocol. Do not report supervision hours in increments of less than 15-minutes.

**FCB Accept/Deny Criteria:** On-the-job supervision will be approved if the Form is completed in full, the supervision was provided by a qualified supervisor; a minimum of 4 hours of on-the-job supervision is documented in each performance domain; supervision was provided within the last 10 years; and, if audited, employment records support reported supervision hours.

Failure to meet these requirements will result in the denial of the on-the-job supervision hours reported for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.
Recommendation for Certification Requirement

**Requirement:** CBHT applicants must have the following Recommendation for Certification forms on-file:

- 1 professional letter of recommendation for certification
- 1 character/personal letter of recommendation for certification

**Definition of a Professional Recommendation:** For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant’s on-the-job performance as a Behavioral Health Technician. The professional recommendation should discuss the applicant’s work performance as it relates to the role and expectations of a Certified Behavioral Health Technician (CBHT). While the recommendation will discuss the applicant’s personality, statements should refer to performance of duties related to Behavioral Health services. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification as a Behavioral Health Technician.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual’s eligible to provide a Professional Recommendation for Certification include the applicant’s immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff.

_A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant._

**Definition of a Character-Personal Recommendation:** For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant’s traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant’s personality, it should give the FCB an idea of the type of individual applying for certification as a Behavioral Health Technician.

**How to Document:**

**Electronic Submission:** The applicant enters the names of the individuals who are expected to submit recommendations for tracking purposes only. All other activity occurs according to the hard-copy submission guidelines. Certification staff uploads received Recommendation for Certification forms to the applicant’s electronic file.

**Hard-copy Submission:** The applicant completes Part 1 of the Recommendation for Certification form. Each individual providing a Recommendation for Certification will complete Part 2 of the form. Provide a separate form to each individual providing a recommendation.
The applicant may not complete any part of the form, except Part 1. It is FCB policy that Part 2 of this form is only completed by the individual providing the recommendation for certification.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept Recommendation for Certification forms and/or supporting documentation completed and/or submitted in part or whole by the applicant.

Mail: Florida Certification Board Attn: Certification Operations 1715 S. Gadsden Street Tallahassee, Florida 32301

Email: admin_assist@flcertificationboard.org Subject Line: Recommendation for Certification (applicant name)

**FCB Accept/Deny Criteria:** Recommendations for Certification will be approved if the Form is completed in full and submitted to the FCB by an individual qualified to provide the recommendation.

Failure to meet these requirements will result in the denial of the Recommendation for Certification Form. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.
Step 2: Examination Process

Requirement: The CBHT credential requires successful completion of the FCB’s Certified Behavioral Health Technician (CBHT) exam.

Approval Criteria: Certified Behavioral Health Technician (CBHT) candidates are approved to register for the exam when the Certification Application: Certified Behavioral Health Technician (CBHT) is approved, which includes the following forms and specified supporting documentation.

- Certification Application: Certified Behavioral Health Technician (CBHT)
- Copy of High School Diploma, General Equivalency Degree, or higher
- Attestation to “no criminal history” or approved criminal history per FCB policy
- Content Specific Training Verification Form and supporting documentation
- Related Work Experience Verification Form and any supporting documentation
- On-the-Job Supervision Verification Form
- 1 Professional Recommendation for Certification Forms and any supporting documentation
- 1 Personal/Character Recommendation for Certification Forms and any supporting documentation

Examination Process

The CBHT exam is offered ONLY at approved computer-based testing sites across Florida. Computer-based testing allows candidates to register for the test at a time and location that is most convenient for them.

CBHT applicants may only register for the exam AFTER they have received formal notice from the FCB that their Certification Application has been approved. The approval notice will include information to register for the exam; exam registration DOES NOT happen automatically.

Exam development is based on a clear and concise definition of the performance domains, job tasks, knowledge, skills and abilities necessary for competent job performance. This means that the exam is based on what a Behavioral Health Technician does in practice. The exam is based on statistically valid Role Delineation Studies, which identified performance domains and job tasks expected of behavioral health technician.

The CBHT exam has 100 multiple choice questions and each question is directly tied to a job task in the published Role Delineation Study Report. Applicants have 2 hours to take the exam.

Unofficial exam results are provided immediately at the testing site. Official exam results are provided to the FCB with 72 hours of the test administration: the CBHT credential will be issued within 5 business days of FCB receiving official notice of passing score. Note: the credential award date is the date that the final exam is passed, regardless of paperwork processing date.

Individuals who do not pass the exam may re-test after a 30-day waiting period from the date of taking the failed exam. Applicants will not automatically be re-registered to test; they must contact the FCB to schedule a new test date(s).
**Special Accommodations**

Individuals with disabilities and/or religious obligations that require modifications in examination administration must submit a written request for specific procedural changes to the FCB no fewer than 60-days prior to the desired exam administration date. Official documentation of the disability or religious issue must be provided with the written request. **Contact the FCB for directions on what constitutes official documentation and how to submit a Special Accommodation Request.** This information is also available on our website for download.

**Cancellation/Rescheduling Policy**

Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a $65 cancellation/rescheduling fee.

Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged a $65 cancellation/rescheduling fee.

Candidates who cancel or reschedule their exam more than five days prior to their scheduled date will be charged a $25 cancellation/rescheduling fee.

---

**Test scores are valid for a three-year period.**

**Individuals who allow their credential(s) to become inactive and have a test score older than three-years will be required to retest as part of the reinstatement process.**
Step 3: Credential Award

The Certified Behavioral Health Technician (CBHT) credential is issued within 10 business days of the FCB’s receipt of official passing test score(s).

The credential issue date is the day the applicant earned a passing score on the required exam.

The CBHT credential is issued for a 12-month period, and will always renew on June 30th of the renewal calendar year. Depending on the initial certification award date, first time credential holders may be certified for slightly more or less than a standard 12-month period.

- Credentials earned in June – March will renew in June.
- Credentials earned in April or May will renew the following June.

The full 12-month renewal cycle will start after the credential is renewed for the first time.

Application Appeal Process

When an applicant is denied certification, questions the results of the application review process, questions examination results, or is subject to an action by the FCB or its agents that he or she deems unjustified, the applicant has the right to an inquiry and/or an appeal.

An inquiry is when an applicant requests a written summary from the FCB that explains the reason for the action in question. A letter requesting an inquiry must be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. If the applicant does not agree with the decision and/or rationale of the FCB, he or she may request an appeal.

An appeal may be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action on the applicant’s inquiry. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. The written appeal will be provided to the appropriated committee of the FCB’s Behavioral Health Advisory Council for review and action. The applicant will be notified in writing within 5-business days of the committee’s decision. The committee’s decision is final and not subject to further appeal.
Part 2: Credential Maintenance and Renewal

Maintaining a credential in good standing is very important. To further our mission of public safety, the FCB maintains a public-access database allowing verification of an individual’s certification status and ethical history. To remain in good standing, certified professionals must:

1. Actively participate in annual continuing education to maintain a current knowledge and skill base.
2. Follow the FCB Code of Ethical and Professional Conduct.
3. Complete the renewal process in a timely manner, every June.

Please carefully read this section to ensure you understand maintenance and renewal requirements.

Continuing Education

**Requirement:** CBHTs must complete 10 hours of continuing education units (CEUs) per year. One CEU is equal to 50 minutes of instruction.

Training content must be related to at least one of the CBHT performance domains and CEU hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.)

Continuing education units must be earned from a FCB recognized or approved CEU training provider: some training providers hold approval from other entities that is recognized by the FCB, other training providers apply for and hold FCB Training Provider Status.

**FCB Recognized Education and Training Providers:** The FCB will honor CEUs issued by any of the following providers:

1. FCB approved education and training providers
2. College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation.
3. Training providers approved to offer CEUs by other state or national professional licensing or certification boards.

**FCB Approved Education and Training Providers:** The FCB will award FCB Education and Training Provider status and a number to approved applicants. A list of approved FCB Education and Training Providers is maintained on our webpage at www.flcertificationboard.org.

**How to Document Compliance with CEU Requirements:** The certified professional is responsible for maintaining CEU documentation for a minimum of 3 years, in case of audit. Valid documentation includes certificates of completion, official employer training transcripts, or college/university transcripts. CEU documentation must provide the following information:

- Applicant’s Name
• Title of course/training/educational event*
• Event sponsor/provider
• Delivery date(s)
• Number of Contact Hours

*If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

**CEU Audit:** Approximately 3 months prior to the credential’s expiration date, the FCB will randomly select 20% of the certified population for a CEU audit to ensure compliance with the CEU requirement. Audited individuals will be notified of such approximately 2 months prior to the credential’s expiration date.

Audited individuals must submit CEU documentation to the FCB for review and approval PRIOR to the credential expiration date. Please note: payment of renewal fees and non-submission or denial of submitted CEUs may result in the credential being placed on inactive status.

Although only audited individuals are required to submit CEU documentation to the FCB as part of the renewal process, all CBHTs must maintain documentation of compliance with CEU requirements for 3 years, in case of future audit.

**How to Calculate CEU Hours:**

One CEU is equal to 50 minutes of instruction.

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. If the entire course is not related to the core competencies of a Certified Behavioral Health Technician (CBHT), partial credit may be calculated for related topics covered in the overall course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.
**FCB Accept/Deny Criteria:** CEU documentation will be approved if the documentation includes all required information; the training was completed between the certification award and expiration dates, and there is a clear link between the training event and the scope of service for a Certified Behavioral Health Technician.

Failure to meet these requirements may result in disciplinary or ethical action. Credentials will not be renewed until CEU requirements are satisfied.

**Credential Renewal**

**Requirement:** Certified Behavioral Health Technicians must renew the credential every year, no later than June 30 of the renewal year.

**Renewal Notice Process:**
The FCB will send out renewal notices in April and May of the renewal year. Renewal fees must be paid and, if audited, CEU documentation must be approved no later than June 30th of the renewal year.

Individuals who DO NOT meet renewal requirements by June 30th may pay the renewal fee, a $30 late fee and must submit CEU (regardless of audit status) no later than July 31st of the renewal year.

Individuals who DO NOT meet renewal requirements by August 1st of the renewal year will be automatically placed in inactive status and must complete the FCB Reinstatement Process to recertify.
Part 3: Sample Training Topics by Domain

CBHT applicants must document a minimum of 30 hours of content specific training, allocated as follows:

1. Clinical Competence: 8 hours
2. Maintaining Client and Personal Safety: 4 hours
3. Documentation and Patient Confidentiality: 4 hours
4. Ethical and Professional Conduct: 4 hours
5. Electives: 10 hours

This table provides examples of training content that may be eligible for credit in each domain: this table is not exhaustive of all possible eligible training events. If you are unsure about the eligibility of an education event, please contact the FCB for guidance and/or technical assistance.

<table>
<thead>
<tr>
<th>Domain: Clinical Competence (8 hrs)</th>
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<tbody>
<tr>
<td>Identification and Treatment of Substance Abuse Disorders</td>
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<tr>
<td>Identification and Treatment of Mental Health Disorders</td>
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<tr>
<td>Basic Psychopharmacology</td>
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<tr>
<td>Side-Effects of Medication</td>
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<tr>
<td>Clinical Risk Assessment</td>
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<tr>
<td>Daily Living Skills</td>
</tr>
<tr>
<td>Treatment Plans</td>
</tr>
<tr>
<td>Community Resources</td>
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<tr>
<td>Verbal/Non-Verbal Communication</td>
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<tr>
<td>Relapse</td>
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</tbody>
</table>

<table>
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<tr>
<th>Domain: Documentation and Patient Confidentiality (4 hrs)</th>
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<tbody>
<tr>
<td>HIPAA</td>
</tr>
<tr>
<td>Clinical Documentation</td>
</tr>
<tr>
<td>Patient’s Rights</td>
</tr>
<tr>
<td>Patient Confidentiality</td>
</tr>
<tr>
<td>Active Listening</td>
</tr>
<tr>
<td>Behavioral Observation</td>
</tr>
<tr>
<td>Federal, State, Local Regulations</td>
</tr>
<tr>
<td>Release of Information/Informed Consent</td>
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</table>

<table>
<thead>
<tr>
<th>Domain: Maintaining Client and Personal Safety (4 hrs)</th>
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<tbody>
<tr>
<td>First Aid</td>
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<td>CPR</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Universal Precautions</td>
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<tr>
<td>Verbal De-escalation Techniques</td>
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<tr>
<td>Emergency Preparedness/Disaster Planning</td>
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<tr>
<td>Crisis Intervention</td>
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<tr>
<td>Aggression and Control Techniques</td>
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<tr>
<td>Staff Safety</td>
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<tr>
<td>Client Safety</td>
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<table>
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<tr>
<th>Domain: Ethical and Professional Responsibilities (4 hrs)</th>
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<tbody>
<tr>
<td>Professional Conduct</td>
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<tr>
<td>Confidentiality</td>
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<tr>
<td>Patient’s Rights</td>
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<tr>
<td>Mandatory Abuse Reporting</td>
</tr>
<tr>
<td>Cultural Competence/Diversity</td>
</tr>
</tbody>
</table>
Part 4: Certification Application Forms

Please use this section to preview directions and required forms for certification application. Each form is posted on the FCB website in an editable format. Please download, complete and use the editable forms for all hard-copy submission and to complete Part I of each form that you must provide to another person to complete and submit to the FCB in support of your Certification Application.

Required Forms, Documentation, and Submission Protocol

<table>
<thead>
<tr>
<th>Form/Documentation</th>
<th>Individual or entity to complete form/submit documentation to the FCB</th>
</tr>
</thead>
</table>
| Certification Application: Certified Behavioral Health Technician | The individual seeking certification.  
*May be submitted via the on-line application portal or via hard-copy mail.* |
| Training Documentation              | The individual seeking certification.  
*May be submitted via the on-line application portal or via hard-copy mail.* |
| Diploma/Degree                      | High-school Diploma or General Equivalency Degree documentation may be provided by the applicant.  
*May be submitted via the on-line application portal or via hard-copy mail.*  
Post-secondary documentation must be provided to the FCB only by the institution issuing the transcript or degree to the applicant. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution.  
*May only be submitted via hard-copy mail.* |
| Related Work Verification           | The employer or entity where the applicant performed CBHT related job tasks.  
*May only be submitted via e-mail, or hard-copy mail.* |
| On-the-Job Supervision              | The individual providing direct, on-the-job supervision of the applicant’s performance of CBHT job tasks.  
*May only be submitted via e-mail, or hard-copy mail.* |
| Recommendation                      | The individual providing a recommendation of the applicant for certification.  
*May only be submitted via e-mail, or hard-copy mail.* |
Certified Behavioral Health Technician  
Application for Certification

This form is to be completed in its entirety by the applicant. Partial, incomplete or illegible applications will be returned to the applicant. All statements provided on this application are subject to verification. False statements, omissions, alterations to the application, failure to supply requested information and/or failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

### Section 1: Contact and Demographic Information

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>Middle/Maiden Name</th>
<th>Date of Birth</th>
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<th>Primary Email Address</th>
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<th>Home Phone</th>
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<tr>
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<th>Business Phone</th>
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<th>County</th>
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Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail to certify or refuse certification to any individual because of race, color, religion, national origin, marital status or handicap.

☐ I prefer NOT to provide the FCB with my voluntary demographic information.

**Race:** ☐ Black ☐ White ☐ Native American/Alaskan Native ☐ Asian/Pacific Islander ☐ Multi-racial

**Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

**Gender:** ☐ Female ☐ Male
**Section 2: Education Background.** List each degree/diploma you have earned starting with the most recent award. Add additional pages if necessary.

### Most Recent Degree
- **Degree Type:**
  - [ ] HSD/GED
  - [ ] AA/AS
  - [ ] BA/BS
  - [ ] MA/MS/ME
  - [ ] PhD
  - [ ] MD/OD
  - [ ] JD
  - [ ] Other

- **School Name:** __________________________________________________________
- **School Location:** _______________________________________________________
  - **City:** ____________________________  **State:** __________________________

- Is the name on your transcript the same as on your application for certification?  
  - [ ] Yes  [ ] No

  If “no” provide your name as it is listed on your transcript: ____________________

- Have you previously submitted this official transcript to the FCB for another credential?  
  - [ ] Yes  [ ] No

  If “yes” provide the credential name and number: ________________________________

### Second Most Recent Degree
- **Degree Type:**
  - [ ] HSD/GED
  - [ ] AA/AS
  - [ ] BA/BS
  - [ ] MA/MS/ME
  - [ ] PhD
  - [ ] MD/OD
  - [ ] JD
  - [ ] Other

- **School Name:** __________________________________________________________
- **School Location:** _______________________________________________________
  - **City:** ____________________________  **State:** __________________________

- Is the name on your transcript the same as on your application for certification?  
  - [ ] Yes  [ ] No

  If “no” provide your name as it is listed on your transcript: ____________________

- Have you previously submitted this official transcript to the FCB for another credential?  
  - [ ] Yes  [ ] No

  If “yes” provide the credential name and number: ________________________________

**Section 3: Work History.** Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

- **Employer:** _____________________________________________________________

- **Type of Position (select all that apply):**
  - [ ] Full-time
  - [ ] Part-time
  - [ ] Paid
  - [ ] Volunteer

- **Employer Webpage Address:** _____________________________________________

- **Position Title:** _________________________________________________________

- **Employment Dates:** ____________________________________________________

- **Immediate Supervisor:** _________________________________________________

- **Describe Duties:** ________________________________________________________
## Section 3: Work History

Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Type of Position (select all that apply):</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Paid</th>
<th>Volunteer</th>
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<td>Employer Webpage Address:</td>
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<td>Position Title:</td>
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<td>Employment Dates:</td>
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<td>Immediate Supervisor:</td>
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<td>Describe Duties:</td>
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<td></td>
<td>Describe Duties:</td>
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</table>

## Section 4: Recommendations

You are required to have two (2) professional letters of recommendation as part of your FCB application file: one must be a Professional Recommendation and one must be a Character/Personal Recommendation. Please carefully read the Candidate Guide for Application for full requirements.

A specific form is used for each type of recommendation – the Recommendation for Certification Form. These are to be completed by persons (non-relatives only) who have direct professional knowledge of your work, skills and character. It is expected that you have given the Recommendation for Certification Form to specific people who will complete the form and submit it to the FCB via mail, email or fax. For tracking purposes, it is important that we have the names of the persons who will be submitting the forms in support of your application for certification.

Please list your anticipated references below. Should a reference change, please contact the FCB to update your application file.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type: Professional Recommendation</th>
<th>Character/Personal Recommendation</th>
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<th>Name</th>
<th>Type: Professional Recommendation</th>
<th>Character/Personal Recommendation</th>
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Section 5: Background History Part A.

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB will conduct a criminal background check. I understand that once certified I may be selected for random audit to assure compliance with the FCB Code of Ethics. ☐ Yes ☐ No

By checking the affirmative box below, I authorize the FCB and/or any other company authorized by the FCB to access such information as may be necessary to conduct a criminal background check. ☐ Yes ☐ No

I release from liability all persons and entities supplying such information. I indemnify the Florida Certification Board and/or any other company authorized by the FCB against any liability which may result from making such requests. ☐ Yes ☐ No

Section 5 Background History Part B.

Have you ever been convicted, pled nolo contendere, or had an adjudication of guilt withheld for any crime which is a felony or 1st degree misdemeanor? ☐ yes ☐ no If you answered “yes”, provide the following information for each charge. Attach additional pages as necessary.

Charge: ____________________________

Date and Location Charge Took Place: ____________________________

Disposition of Charge: ☐ guilty ☐ not-guilty ☐ dismissed ☐ other

Sanctions Applied: ____________________________

Date of Release from Sanctions: ____________________________

Description of Incident/Charge(s):

Section 6: Ethical and Professional Conduct. You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethics, which is posted on the FCB website at www.flcertificationboard.org.

By checking the acknowledgement box below, I affirm that I understand that I am required to follow the professional standards of conduct detailed in the FCB Code of Ethics. I also affirm that I understand that the FCB Code of Ethics applies to both certification applicants and certified individuals.

☐ I acknowledge. ☐ I do not acknowledge.

By checking the acknowledgement box below, I affirm that I have received a copy of the FCB Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

☐ I acknowledge. ☐ I do not acknowledge.

By checking the acknowledgement box below, I further affirm that I have read and understand all of my obligations, duties, and responsibilities under each principle and provision of the FCB Code of Ethics. I will read and understand all future amendments and modifications to the FCB Code of Ethics.

☐ I acknowledge. ☐ I do not acknowledge.

Signature ____________________________ Date ____________________________
Certified Behavioral Health Technician  
Application for Certification

### Section 7: Assurance and Release.

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it’s Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

☐ I acknowledge.  ☐ I do not acknowledge.

**Signature**  
**Date**

### Important Information:

1. **Apply On-Line from the FCB website** ([www.flcertificationboard.org](http://www.flcertificationboard.org)) **OR** mail your completed form to the Florida Certification Board:

   Florida Certification Board  
   Attn: Certification Operations  
   1715 South Gadsden Street  
   Tallahassee, FL 32301

2. You must provide the FCB with an official transcript of your college or university degree. Post-secondary documentation must be provided to the FCB only by the institution issuing the transcript or degree to the applicant. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution. Official transcripts may only be submitted via hard-copy mail or the institution’s e-transcript provider. Your application will not be approved without your official transcript on file with the FCB.

3. Eligible college or university transcripts are issued by institutions accredited by accreditation bodies recognized by the United States Department of Education and/or the Council on Higher Education Accreditation (CHEA). The institution must have been accredited at the time of award for the degree to be valid for certification purposes.
Certified Behavioral Health Technician
Training Verification Form

Requirement: CBHT applicants must complete and document a minimum of **30 hours of training as follows**:

1. Clinical Competence: 8 hours
2. Maintaining Client and Personal Safety: 4 hours
3. Documentation and Patient Confidentiality: 4 hours
4. Ethical and Professional Responsibilities: 4 hours
5. Electives (any domain): 10 hours

All training must have been completed with the last 10 years.

How to Document: The applicant completes the Training Verification Forms, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant’s Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact/Clock Hours

*If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on treatment planning may include partial credit for “documentation” training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.
Certified Behavioral Health Technician
Training Verification Form (1 of 5)

Training Topic: Clinical Competence

Training Requirement: Minimum of 8 hours of training in topics directly related to Clinical Competence.

<table>
<thead>
<tr>
<th>Title of Training</th>
<th>Training Provider</th>
<th>Date of Training</th>
<th>Training Hours Awarded</th>
<th>Type of Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA 101</td>
<td>Florida Department of Health</td>
<td>4-16-13</td>
<td>4</td>
<td>Certificate of Completion</td>
</tr>
</tbody>
</table>

Florida Certification Board (FCB)
Training Topic: Maintaining Client and Personal Safety

Training Requirement: Minimum of 4 hours of training in topics directly related to Maintaining Patient and Personal Safety.

<table>
<thead>
<tr>
<th>Title of Training</th>
<th>Training Provider</th>
<th>Date of Training</th>
<th>Training Hours Awarded</th>
<th>Type of Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA 101</td>
<td>Florida Department of Health</td>
<td>4-16-13</td>
<td>4</td>
<td>Certificate of Completion</td>
</tr>
</tbody>
</table>

**Training Report and Documentation Example**

**Florida Certification Board (FCB)**

**Training Verification Form**
**Certified Behavioral Health Technician**  
**Training Verification Form (3 of 5)**

**Training Topic:** Documentation and Patient Confidentiality  
**Training Requirement:** Minimum of 4 hours of training in topics directly related to Documentation and Patient Confidentiality.

<table>
<thead>
<tr>
<th>Title of Training</th>
<th>Training Provider</th>
<th>Date of Training</th>
<th>Training Hours Awarded</th>
<th>Type of Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA 101</td>
<td>Florida Department of Health</td>
<td>4-16-13</td>
<td>4</td>
<td>Certificate of Completion</td>
</tr>
</tbody>
</table>

Florida Certification Board (FCB)  
Training Verification Form
### Certified Behavioral Health Technician

**Training Verification Form (4 of 5)**

**Training Topic:** Ethical and Professional Responsibilities

**Training Requirement:** Minimum of 4 hours of training in topics directly related to Ethical and Professional Responsibilities.

<table>
<thead>
<tr>
<th>Title of Training</th>
<th>Training Provider</th>
<th>Date of Training</th>
<th>Training Hours Awarded</th>
<th>Type of Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA 101</td>
<td>Florida Department of Health</td>
<td>4.16.13</td>
<td>4</td>
<td>Certificate of Completion</td>
</tr>
</tbody>
</table>

---

**Florida Certification Board (FCB)**

**Training Verification Form**
Training Topic: Electives
Training Requirement: Minimum of 10 hours of training in topics directly related to CBHT performance domains.

<table>
<thead>
<tr>
<th>Title of Training</th>
<th>Training Provider</th>
<th>Date of Training</th>
<th>Training Hours Awarded</th>
<th>Type of Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages of Recovery</td>
<td>Florida Peer Network</td>
<td>7-19-12</td>
<td>6</td>
<td>Certificate of Completion</td>
</tr>
</tbody>
</table>

Florida Certification Board (FCB)
Certified Behavioral Health Technician

Related Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above to verify and document his or her related work experience in pursuit of the Certified Behavioral Health Technician (CBHT) designation.

Please carefully read the Description of a Certified Behavioral Health Technician and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Behavioral Health Technician Related Work Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant’s related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant’s employer’s personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:
Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org
Subject Line: Work Experience Verification (applicant name)

Description of a Certified Behavioral Health Technician (CBHT)

The CBHT designation is an entry-level credential for person’s who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, in-patient settings or community based programs. The CBHT requires a minimum of a high school diploma or general equivalency degree.

Related Work Experience Requirements

1,000 hours of experience providing Behavioral Health Technician related services.

All experience must be paid work experience. Volunteer experience is not eligible for certification purposes.

All work experience must have been gained within the last 10-years.
# Certified Behavioral Health Technician

## Related Work Experience Verification Form

### Part 1: To be completed by the applicant prior to providing to the employer for completion.

**Applicant Information.** Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

<table>
<thead>
<tr>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Position (select all that apply):</strong></td>
</tr>
<tr>
<td><strong>Position Title:</strong></td>
</tr>
<tr>
<td><strong>Employment Dates:</strong></td>
</tr>
<tr>
<td><strong>Immediate Supervisor:</strong></td>
</tr>
</tbody>
</table>

### Part 2: To be completed by the personnel officer or designee only.

**Section A: Verifier’s Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Employer</td>
</tr>
<tr>
<td>Employer Webpage Address</td>
<td>Business Phone</td>
</tr>
<tr>
<td>Work Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Work Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip code</td>
<td>County</td>
</tr>
</tbody>
</table>

**Section B: Experience Attestation**

I have read and understand the on-the-job experience requirements for Behavioral Health Technician (CBHT) certification. The following information can be verified by employment records maintained by the agency.

- Applicant’s Position Description Attached? ☐ Yes ☐ No* 
  *If no, please attach a written description of the applicant’s duties on agency letterhead.

Applicant’s Dates of Employment: 

<table>
<thead>
<tr>
<th>Type of Position (select all that apply):</th>
<th>☐ Full-time ☐ Part-time ☐ Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of hours per week providing related services:</td>
<td></td>
</tr>
</tbody>
</table>

By my signature, I attest that the above material is true to the best of my knowledge.

| Signature | Date |
Certified Behavioral Health Technician
On-the-Job Supervision Verification Form

Directions
Thank you for taking the time to document the direct supervision you provided to applicant named in Part 1 of this form. Your documentation directly assists the candidate pursuit of the Certified Behavioral Health Technician (CBHT) designation.

Please carefully read the Definition of a Qualified Supervisor, Description of a Certified Behavioral Health Technician and the On-the-Job Supervision Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet CBHT On-the-Job Supervision Requirements, please contact our offices directly at 850-222-6314.

To document the on-the-job supervision you provided the applicant, you must maintain employer based documentation, as defined below, and you must complete this form in its entirety.

**Employer-based documentation:** Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the FCB with the Direct Supervision Attestation Forms. Employers are required to maintain supervision records that support the information documented in the FCB’s Direct Supervision Attestation Form in case of audit.

**On-the-Job Supervision Verification Form:** Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirements.

Each On-the-Job Supervision Verification Form must be completed by the individual providing supervision. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed only by the individual providing direct supervision to the applicant.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept On-the-Job Supervision documentation completed and/or submitted in part or whole by the applicant.

**Mail:**
Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

**Email:** admin_assist@flcertificationboard.org
**Subject Line:** On-the-Job Supervision Verification (applicant name)

**Definition of a Qualified Supervisor:** For certification purposes, a Qualified Supervisor is an individual holding a minimum of a bachelor’s degree who is also in a position that includes supervisory responsibilities defined by the organization’s published job description. Qualified supervisors include the applicant’s immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification.

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

**Description of a Certified Behavioral Health Technician (CBHT)**
The CBHT designation is an entry-level credential for person’s who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, in-patient settings or community based programs. The CBHT requires a minimum of a high school diploma or general equivalency degree.
On-The-Job Supervision Requirement: CBHT applicants must complete and document a minimum of 24 hours of on-the-job supervision by a qualified supervisor, with at least 4 hours of supervision in each performance domain (Clinical Competence; Maintaining Client and Personal Safety; Documentation and Patient Confidentiality; and Ethical and Professional Responsibilities).

All on-the-job supervision must have been completed within the last 10 years.

Performance Domains:

• Clinical Competence: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks in a manner that reflects a basic understanding of identification and treatment of substance abuse and/or mental health disorders, including side effects of medication, risk assessment, and relapse.

• Maintaining Client and Personal Safety: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she monitors participants to ensure the immediate safety and health, including the use of universal precautions, aggression/verbal de-escalation techniques, and the appropriate response to crisis situations.

• Documentation and Patient Confidentiality: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she documents tasks according to agency policy, to include maintaining patient confidentiality.

• Ethical and Professional Responsibility: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.
**Certified Behavioral Health Technician**

**On-the-Job Supervision Verification Form**

**Part 1:** To be completed by the applicant prior to providing to the qualified supervisor for completion.

<table>
<thead>
<tr>
<th>Applicant Information.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each qualified supervisor documenting on-the-job supervision.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>Type of Position (select all that apply):</td>
<td>Full-time</td>
</tr>
<tr>
<td>Position Title:</td>
<td></td>
</tr>
<tr>
<td>Employment Dates:</td>
<td></td>
</tr>
<tr>
<td>Immediate Supervisor:</td>
<td></td>
</tr>
</tbody>
</table>

**Part 2:** To be completed by the applicant’s qualified supervisor only.

<table>
<thead>
<tr>
<th>Section A: Qualified Supervisor Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Title</td>
<td>Employer</td>
</tr>
<tr>
<td>Employer Webpage Address</td>
<td>Business Phone</td>
</tr>
<tr>
<td>Work Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Work Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip code</td>
<td>County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Experience Attestation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand the on-the-job supervision requirements for Behavioral Health Technician (CBHT) certification. I provided the following on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</td>
<td></td>
</tr>
<tr>
<td>I provided on-the-job supervision of the applicant as he or she performed on-the-job duties at the level expected of a CBHT.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes*</td>
<td>☐ No</td>
</tr>
<tr>
<td>*If yes, how many total hours of on-the-job supervision have you provided?</td>
<td></td>
</tr>
</tbody>
</table>

Allocated total hours of on-the-job supervision across performance domains.

- **Clinical Competence:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks in a manner that reflects a basic understanding of identification and treatment of substance abuse and/or mental health disorders, including side effects of medication, risk assessment, and relapse.

- **Maintaining Client and Personal Safety:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she monitors participants to ensure the immediate safety and health, including the use of universal precautions, aggression/verbal de-escalation techniques, and the appropriate response to crisis situations.
### Section B: Experience Attestation Continued

- **Documentation and Patient Confidentiality**: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she documents tasks according to agency policy, to include maintaining patient confidentiality.

- **Ethical and Professional Responsibility**: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.

<table>
<thead>
<tr>
<th>Type of Position Supervised (check all that apply):</th>
<th>☐ Full-time</th>
<th>☐ Part-time</th>
<th>☐ Paid</th>
</tr>
</thead>
</table>

Time period during which supervision was provided: ________________

As a qualified supervisor, do you have any concerns about the applicant’s ability to competently perform as a Certified Behavioral Health Technician?  ☐ Yes*  ☐ No

*If yes, the FCB will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.

By my signature, I attest that the above material is true to the best of my knowledge.

<table>
<thead>
<tr>
<th>Qualified Supervisor’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Certified Behavioral Health Technician
Professional Recommendation for Certification Form

Directions
Thank you for taking the time to provide a Professional Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate’s pursuit of the Certified Behavioral Health Technician (CBHT) designation.

Please carefully read the Definition of a Professional Recommendation and the Description of a Certified Behavioral Health Technician. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Behavioral Health Technician (CBHT), please contact our offices directly at 850-222-6314.

This Professional Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant’s recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Professional Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:  
Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee, FL 32301  

Email: admin_assist@flcertificationboard.org  
Subject Line: Professional Recommendation (applicant name)

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant’s on-the-job performance as an addiction professional. The professional recommendation should discuss the applicant’s work performance as it relates to the role and expectations of a Certified Behavioral Health Technician (CBHT). While the recommendation will discuss the applicant’s personality, statements should refer to performance of duties at the level expected of a CBHT. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification as a Certified Behavioral Health Technician.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual’s eligible to provide a Professional Recommendation for Certification include the applicant’s immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Behavioral Health Technician (CBHT)
The CBHT designation is an entry-level credential for person’s who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, in-patient settings or community based programs. The CBHT requires a minimum of a high school diploma or general equivalency degree.
Part 1: To be completed by the applicant before giving this form to the individual who is providing the applicant with a Professional Recommendation for Certification as a Behavioral Health Technician (CBHT).

**Applicant Information.** For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Professional Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a professional recommendation for certification.

<table>
<thead>
<tr>
<th>Your name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of individual providing the recommendation:</td>
<td></td>
</tr>
</tbody>
</table>

Part 2: To be completed by the individual providing the applicant with a Professional Recommendation for Certification as a Behavioral Health Technician.

**Section A: Contact Information.** Please write “none” or “N/A” as necessary.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ home ☐ cell ☐ work</td>
</tr>
<tr>
<td>Primary Email Address</td>
<td>Primary Phone Number</td>
<td>Phone Type</td>
</tr>
<tr>
<td>Contact Address Line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip code</td>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Employer Webpage Address</td>
<td>Business Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Section B: Nature of Relationship with Applicant for Certification.** Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Professional Recommendation for Certification as a Behavioral Health Technician (CBHT).
## Certified Behavioral Health Technician
### Professional Recommendation for Certification Form

### Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Behavioral Health Technician (CBHT). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Behavioral Health Technician.

---

### Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform addiction-related services at the level expected of a CBHT.

- I affirm.  
- I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

- I affirm.  
- I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Behavioral Health Technician (CBHT).

- I affirm.  
- I do not affirm.

__________________________  __________________________
Signature                                           Date
Certified Behavioral Health Technician
Character/Personal Recommendation for Certification Form

Directions
Thank you for taking the time to provide a Character/Personal Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate’s pursuit of the Certified Behavioral Health Technician (CBHT) designation.

Please carefully read the Definition of a Character/Personal Recommendation and the Description of a Certified Behavioral Health Technician. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Behavioral Health Technician (CBHT), please contact our offices directly at 850-222-6314.

This Character/Personal Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant’s recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Character/Personal Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org
Subject Line: Character/Personal Recommendation (applicant name)

Definition of a Character-Personal Recommendation: For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant’s traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant’s personality, it should give the FCB an idea of the type of individual applying for certification as a Behavioral Health Technician.

A Character/Personal Recommendation for Certification may not be provided by a peer, subordinate, relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Behavioral Health Technician (CBHT)
The CBHT designation is an entry-level credential for person’s who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, in-patient settings or community based programs. The CBHT requires a minimum of a high school diploma or general equivalency degree.
Certified Behavioral Health Technician  
Character/Personal Recommendation for Certification Form

Part 1: To be completed by the applicant before giving this form to the individual providing the applicant with a Character/Personal Recommendation for Certification as a Behavioral Health Technician (CBHT).

**Applicant Information.** For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Character/Personal Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Character/Personal recommendation for certification.

<table>
<thead>
<tr>
<th>Your name:</th>
<th>Name of individual providing the recommendation:</th>
</tr>
</thead>
</table>

Part 2: To be completed by the individual providing the applicant with a Character/Personal Recommendation for Certification as a Behavioral Health Technician.

**Section A: Contact Information.** Please write “none” or “N/A” as necessary.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone Type</th>
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<tbody>
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<td>☐ home ☐ cell ☐ work</td>
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<tr>
<th>Primary Email Address</th>
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<table>
<thead>
<tr>
<th>Contact Address Line 1</th>
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<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>Zip code</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Employer Webpage Address</td>
</tr>
</tbody>
</table>

**Section B: Nature of Relationship with Applicant for Certification.** Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Character/Personal Recommendation for Certification as a Behavioral Health Technician (CBHT).
**Section C: Recommendation.** Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Behavioral Health Technician (CBHT). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Behavioral Health Technician.

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**Section D: Attestation.**

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform addiction-related services at the level expected of a CBHT.

☐ I affirm.  ☐ I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

☐ I affirm.  ☐ I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Behavioral Health Technician (CBHT).

☐ I affirm.  ☐ I do not affirm.

Signature: ___________________________  Date: ___________________________