



Certified Addiction Professional (CAP) Related Degree Waiver Policy

1. **Formal Education Requirement.** All Certified Addiction Professional (CAP) applicants must hold a minimum of a bachelor's degree in a related field from an accredited college or university. Related degrees are:
 - a. Addiction Studies/Counseling
 - b. Art/Dance Therapy
 - c. Behavioral Healthcare
 - d. Child Development/Family Relations
 - e. Counseling/Guidance
 - f. Criminal Justice
 - g. Divinity/Religion/Theology (only with a concentration in counseling)
 - h. Drama/Expressive Arts Therapy
 - i. Gerontology
 - j. Health Education
 - k. Health Sciences
 - l. Human Services
 - m. Marriage and Family Counseling
 - n. Medicine
 - o. Mental Health Counseling
 - p. Music Therapy
 - q. Nursing
 - r. Occupational Therapy
 - s. Pastoral Counseling
 - t. Pharmacy/Pharmaceutical Sciences
 - u. Psychology
 - v. Public Health
 - w. Recreational Therapy/Counseling
 - x. Social Work
 - y. Sociology
 - z. Vocational Counseling
2. There are two routes to appeal to the FCB for approval of a non-related Bachelor's degree for CAP certification purposes:
 - a. CAP applicants who hold a degree that may be related, but is not specified on the FCB's list of related degrees for the CAP, may request a CAP Related Degree Equivalency Review. Equivalency reviews are conducted by FCB management staff. *(See CAP Related Degree Equivalency Review Policy for directions/application form.)*
 - b. CAP applicants who hold a Bachelor's degree in a non-related field that is not eligible for an equivalency review may request a CAP Related Degree Waiver. Waivers are conducted by the FCB Board of Directors.
3. CAP Related Degree Waiver Applications are reviewed and approved, dismissed or denied by the FCB Board of Directors at their quarterly meetings. The CAP Related Degree Waiver Application, fee and all supporting documentation must be received by a specified date in order to be on the agenda at the next regularly scheduled Board meeting. Due dates are: July 15th, October 15th, January 15th and April 15th. The decision of the Board is final and not subject to appeal.
4. **The CAP Related Degree Waiver Policy is effective from July 1, 2015 through June 30, 2017. On July 1, 2017, all CAP applicants must hold a related Bachelor's degree or higher.**
5. Fee: \$25.00
6. Application Requirements
 - a. Complete CAP Related Degree Waiver Application, including narrative;
 - b. Submit current resume;
 - c. Submit letter(s) of reference from current/former employer(s);
 - d. Submit unofficial transcript; and
 - e. Pay \$25 fee.



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Suggestions for Preparing your CAP Related Degree Waiver Application

General Guidance: Applicants should review all requested information prior to preparing the waiver request. If the request does not include sufficient information, the FCB will require that information be submitted before a decision can be made. If sufficient additional information is not provided, the FCB may deny or dismiss the request.

Related Degree Waiver Guidance: It is recommended that your waiver application includes:

1. A clear explanation of why your education, experience and training should be accepted as meeting the purposes of the CAP Related Degree requirements. Ensure that your explanation is specific to the CAP credential/duties of a CAP and that it justifies why a waiver of the requirement is appropriate.
2. An unofficial copy of your transcript, and, if applicable copies of official course descriptions and/or syllabus for relevant coursework.
3. A detailed description of any specialized addiction, counseling or related training you have completed.
4. A current resume, to include specific job titles, dates of employment, employers, responsibilities, and a description of programs/clients served.
5. Documentation of 6,000 hours or more of paid work as an addiction counselor.
6. A letter of reference from your current or former employers describing the relevant work/activities performed on the job.
7. Any additional information or documentation that you believe demonstrates that you should be granted a waiver from the CAP Related Degree requirement.

Submit your application, fee payment and all attachments to:

Director of Certification
Florida Certification Board
1715 South Gadsden Street
Tallahassee, Florida 32301

Waivers are reviewed at quarterly Board of Directors meetings. The full application and fee payment, including any attachments/supporting documentation, must be received at the FCB offices by the following date(s) to be heard at the next regularly scheduled Board meeting. The date is independent of the calendar year.

July 15th

October 15th

January 15th

April 15th

CAP Related Degree Waiver Application

Effective Date: 8-10-15

Section 1: Contact and Demographic Information.

Last Name

First Name

Primary Phone Number

Primary Email Address

Mailing Address

City

State

Zip code

County

Section 2: Degree Information. Provide information for the degree you are seeking a waiver.

Degree Type: BA/BS MA/MS/MEd PhD MD/OD JD Other

Degree Field: _____

Month/Year of Graduation: _____

School Name: _____

School Location: _____

City

State

Is the name on your transcript the same as on this application?

Yes No*

If "no" what name is on your transcript?*

_____ *attach a copy of official name change documentation

Section 3: Please provide a summary of your education, training, and experience and a description explaining why your education, experience, and training should be accepted in lieu of the related degree requirement. Attach additional pages if necessary.

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Section 4: Please provide a detailed description of any specialized addiction, counseling or related training you have completed that would support your request for a waiver of the related degree requirement. Attach additional pages if necessary.

Section 5: Please provide any additional information you believe demonstrates you should be granted a waiver from the Related Degree requirement for CAP certification purposes. Attach additional pages if necessary.

Section 6: Signature

Applicant's Signature _____ Date _____
Printed Name _____

For FCB Use Only

Waiver approved Waiver denied Waiver pending additional information (describe):

Board Signature _____ Date _____
Printed Name _____