Certified E-Therapist

Define Yourself as a Professional through Certification.

This booklet includes:

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

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals performing work in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

The Certified E-Therapist (CET) certification is an add-on credential. In order to earn the E-Therapist add-on credential in the State of Florida, you must:

1. Hold an active License under Chapter 397, F.S. OR certification at the professional or intermediate level from the FCB in addiction, prevention, or criminal justice;
2. Meet specific competency and ethical conduct requirements;
3. Possess minimum work and experience requirements;
4. Possess minimum education and training requirements;
5. Pass the written exam; and
6. Complete minimum continuing education credits annually to maintain a current knowledge base.

Mission

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.

All certificates and certification 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.
Introduction
Certified E-Therapists fill a unique role among health and human services professionals in providing quality care to consumers. The Florida Certification Board (FCB) has designed a credentialing system that will evaluate each applicant’s competency and grant recognition to those professionals who meet the specified minimum standards. In creating this process, the FCB examined credentialing systems of other states, gathered input from state and national groups, and incorporated the most appropriate elements to form the basis of this system.

The FCB recognizes that Certified E-Therapists work in a wide range of disciplines and have diverse educational and experiential backgrounds. The FCB’s certification process identifies and defines the core functions, responsibilities, knowledge, and skill areas required of Certified E-Therapists regardless of work setting, approach, and educational or professional training. This process does not endorse any one particular philosophy, treatment modality or service delivery approach. The FCB encourages and requires the development of professional skills and competencies for all Certified E-Therapists.

Purpose
The purpose of a certification system for Certified E-Therapist is to:

1. Assure the public a minimum level of competency for quality services by Certified E-Therapists.
2. Give professional recognition to qualified Certified E-Therapists through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Certified E-Therapists.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Definition of a Certified E-Therapist (CET)
A Certified E-Therapist is often the primary person providing direct care to individuals using distance technologies. The role of the E-Therapist includes but is not limited to:

- Providing professional alcohol and drug abuse counseling and treatment services using distance technologies, including telephone, internet chat, e-mail, and web/video conferencing.
- Conducting client screening and assessment and developing and implementing treatment plans based on the client’s individual strengths, needs, abilities, and preferences.
- Maintaining a secure distance delivery system that ensures client informed consent, confidentiality, and safety.
- Following all laws, statutes, regulations and standards applicable to comparable on-site services when delivering distance-based services.
Certification Standards

The following certification standards are the **minimum** requirements that must be documented in order to earn the E-Therapist certification during the grandfathering period.

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<td><strong>Recommendations</strong></td>
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<td><strong>Code of Ethics</strong></td>
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<td><strong>Exam</strong></td>
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<td><strong>Renewal</strong></td>
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Part I   The Certification Process

Easy to follow Instructions.

Your Personal Road Map to Certification

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

Please contact The Florida Certification Board if you have any questions along the way:

1715 South Gadsden Street
Tallahassee, FL 32301
(850) 222-6314 office
(850) 222-6247 fax
www.flcertificationboard.org

TIPS for Success!

You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.

• Read the entire application package before you begin.

• Provide each person who completes mandatory forms on your behalf with:
  □ A pre-addressed, stamped envelope (addressed to the FCB)
  □ The required forms
  □ A requested due date to mail the required form(s) to the FCB

• Photocopy entire completed application portfolio before submitting
The Certification Process

Guidelines for Certification

1. **All applications must be legible.** Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.

2. All education, work experience, and training must be completed prior to applying for certification.

3. All education, experience, supervision and training must include **supporting documentation** that can be verified or it will not be counted as eligible.

4. Candidates must pay a one-time **$50 certification fee** with the application portfolio. This fee is non-refundable and non-transferable.

5. Once the application is complete, **make a copy of the entire application packet**, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.

6. Applicants are encouraged to begin a file to **organize and store** all certification related correspondence, certificates, letters of verification, etc.

**CRITICAL TIMEFRAMES**

The CET grandfathering period opened February 1, 2010 and closes December 1, 2010

Application portfolios must be approved prior to the closing of the grandfathering period or the applicant will have to meet the additional certification requirements that become effective in order to earn certification.
APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant’s competency in the knowledge and skills specifically related to the functions of a Certified E-Therapist.

The Application Portfolio consists of:

1. Application for Certification in E-Therapy
2. Experience Verification Form
3. Training Verification Forms
4. Recommendation for Certification Forms

Each form is included in this manual; forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation.

Additional information will be used only to further evaluate an applicant and will be held confidential.

The next sections provide detailed information on how to complete each mandatory form.
PART I  Application Portfolio (continued)

1) APPLICATION

Please carefully fill out each section of the Certified E-Therapist application form.

Section 1: Demographic Information  Section 5: Background Authorization Form
Section 2: Educational Background  Section 6: Assurance and Release
Section 3: Background Information  Section 7: Code of Ethics
Section 4: Voluntary Demographic Information  Section 8: Proof of Licensure/Certification

☐  This application must be completed in its entirety.
☐  Partial, incomplete, or illegible applications will be returned to the applicant.
☐  All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
☐  Applications will not be reviewed until the $50 non-refundable Certification Fee has been received.

The FCB may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

The FCB requires all certification applicants to indicate whether or not the applicant has ever been convicted of a felony or first-degree misdemeanor.

If the applicant indicates “yes” in this section of the application, the applicant must select one of the following options to provide the FCB with a current and complete background check for review and consideration.

1. Submit an additional $20 fee and the FCB will run a national background check.
2. Contact the Florida Department of Law Enforcement (FDLE), pay the required fee (at time of printing, the fee is $24), and request that FDLE submits the completed background check directly to the FCB. Note: The FCB can NOT accept the background check from anyone other than FDLE.
3. If you work in an agency that requires a background check as a condition of employment, the employing agency may submit a statement, on agency letterhead, verifying a clean or acceptable criminal background. **Note: If you have been arrested subsequent to the date this criminal background check was run, you may not use this option.**

4. If you have completed a background check within 6 months prior to applying for certification, you may request that the company or employer who ran the background check submit a copy of the background report directly to the FCB. **Note: The FCB can NOT accept the background check from anyone other than the reporting or employing agency.**

**CRIMINAL BACKGROUND REVIEW POLICY**

1. Applicants must be released from all court-ordered and/or voluntary supervision to be eligible for certification.

2. Applicants with less than 12 months of a clean background are not eligible for certification until the 12 month period has been attained.

3. Applicants with 13 to 23 months of a clean background since release from supervision may petition the Board of Directors for a waiver. Instructions will be provided to those applicants requesting a waiver.

4. If the applicant has ever been convicted of a crime against a child, the applicant is not eligible for certification.

5. If the applicant has ever been convicted of a crime against persons, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.

6. If the applicant has ever been convicted of a crime frequently associated with the disease of addiction (i.e., possession, DUI, petit theft, etc.) and the charge is less than 5 years old, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.

7. All other issues will be reviewed for action by the FCB Director of Certification.

**ARREST AND/OR INCARCERATION AFTER CERTIFICATION**

In the event of an arrest and/or conviction of a felony or first degree misdemeanor, the certified individual must notify the FCB of such occurrence within five (5) business days of the arrest. The FCB will place the certified individual on inactive status until the charges are resolved and/or all court-ordered or voluntary supervision has been completed.

In the instance that the charge(s) are dropped, the certified individual may submit a copy of such to the FCB and request reinstatement.

In the instance of conviction, and upon completion of all court-ordered and/or voluntary sanctions, the individual may petition the Board of Directors for reinstatement.

The FCB reserves the right to run background checks on any certified individual, at any time, and for any reason. Applicants are not eligible for certification unless the **Authorization for Criminal Background Check Form** is completed and on-file with the FCB.
PART I  Experience Verification Form

2) EXPERIENCE VERIFICATION FORM

☐ REQUIRED EXPERIENCE

Experience is defined as previous on-the-job experience providing e-services.

Applicants must document a minimum of ten (10) one hour e-therapy sessions.

ALL experience must be gained prior to applying for certification.

☐ DOCUMENTING EXPERIENCE

The Experience Verification Form is used to document the applicant’s prior work experience in the field of e-therapy.

The applicant must provide the Experience Verification Form to the employer’s personnel officer, supervisor or designee for completion and signature. This form MAY NOT be signed by a relative or spouse. The personnel officer or supervisor must complete the form and mail it directly to the FCB. The FCB will NOT accept experience verification provided by the applicant.

If multiple agencies need to verify experience, the applicant must make copies of the Experience Verification Form for each individual employer to complete.

The applicant must ensure that his or her name is written on the Experience Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant’s Application Portfolio.
3) THE TRAINING VERIFICATION FORM

☐ REQUIRED TRAINING

CET applicants are required to complete and document 20 hours of training. The 20 hours have been divided into the topic areas listed below. Examples of eligible training content for each topic area are listed on the following page.

- 4 hours of Professional Ethics in E-Therapy
- 4 hours of Clinical Principles/Treatment Modalities in E-Therapy
- 2 hours of Legal and Jurisdictional Implications of E-Therapy
- 10 hours of Electives in any of the above topics

☐ DOCUMENTING TRAINING REQUIREMENTS

Training Verification Forms are completed by the applicant. The first line of each form provides an example of how to document training hours.

Applicants must attach supporting documentation for each entry on the verification form. Supporting documentation must contain the following information:

- Applicant’s name
- Title of course/educational event
- Sponsor/provider
- Delivery date(s)
- Number of contact hours

If one course includes multiple training topics and is used to support more than one required training topic, you must make a separate and distinct entry on the appropriate training verification form and attach a copy of the supporting documentation.

If you use college coursework to meet a training requirement, you must provide a course description (photocopied from a school catalog or downloaded from the school’s website) or provide a copy of the course syllabus. College coursework is credited at the rate of 45 clock hours per 3 hour semester course.

☐ UNACCEPTABLE TRAINING

1. Any training that cannot be supported and/or verified by appropriate documentation will not be approved.
2. Practicums and internships are not acceptable for training requirement credit hours, but may be submitted to document minimum experience when the practicum/internship occurs on-site (not in the college classroom).
### Calculating Training Credit Hours

The required number of hours refers to actual time spent in coursework, training, conferences or other educational event. Training credit hours are calculated as follows:

1. Professional training, seminars, in-services, workshops, etc. are calculated on an hour-per-hour basis. Breaks, including lunch, are not included when calculating the number of training credit hours. For example, a one-day training that starts at 8:00 am, breaks at noon for lunch, resumes at 1:00 pm and ends at 3:00 pm is eligible for 6 training credit hours.

2. One college semester credit equals 15 training credit hours. A three credit semester course equals 45 training credit hours.

3. One college quarter credit equals 10 training credit hours. A three credit quarter course equals 30 training credit hours.

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### Clinical Principles/Treatment Modalities in E-Therapy: 4 HOURS

- Assessing Client Appropriateness for E-Therapy
- Conducting Distance-Based Screenings and Assessments
- Establishing Online or Distance-Based Client/Counselor Relationships
- Conducting Therapy with Individuals You Have Not Met
- Using E-mail, Individual Chat, Group Chat, or Video-Conferencing to Deliver Treatment Services
- Helping Clients Use Technology to Build a Support Network
- Suicide Prevention and Crisis Intervention in a Virtual Environment
- Referral and/or Coordination of Services

### Legal & Jurisdictional Implications of E-Therapy: 2 HOURS

- Informed Consent
- Confidentiality
- Securing the Virtual Environment and Client Electronic Data
- Jurisdictional Issues in E-Therapy

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### Professional Ethics in E-Therapy: 4 HOURS

- Professional Preparation
- Sorting Quality Information from Available Information from the Web
- Text-Based Communication Skills
- Time Management Procedures and Professional Boundaries
- Benefits and Risks of Distance-Based Service Delivery

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PART I  Recommendation for Certification & Written Exam

4) RECOMMENDATION for CERTIFICATION FORM

The Recommendation for Certification Form is completed by professional references who will attest to the applicant's appropriateness for certification. Recommendations may NOT be completed by a spouse or other relative.

1. All recommendation forms must be completed by the individual providing the recommendation and must be sent directly from that person to the FCB. The FCB will NOT accept recommendations provided by the applicant.

2. The applicant must ensure that his or her name is written on the Recommendation for Certification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant’s Application Portfolio.

3. Provide one form to each of your selected references. Be sure to explain the urgency of completing the form and providing it to the FCB. You may want to provide the individual with a due date and a pre-addressed, stamped envelope to use when mailing the form to the FCB.

4. Please remember it is your responsibility to follow up with references to ensure the documentation reaches the FCB.

WRITTEN EXAMINATION

The exam consists of 50 multiple-choice questions.

During the Grandfathering Period applicants are not required to pass the written exam. If an applicant receives ethical sanctions or their certification status becomes inactive, the applicant must pass the current exam to reinstate a grandfathered credential.
**PART I  Credential Maintenance**

**CREDENTIAL MAINTENANCE**

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.

- **CONTINUING EDUCATION UNITS (CEUs)**

  CETs must earn 5 Continuing Education Units (CEUs) each year to maintain certification; please keep all CEU documentation for a minimum of two (2) years in case of a CEU audit.

  **Please note:** If you hold an FCB certification plus a CET, 5 of your 20 CEUs MUST be specific to e-therapy issues. If you hold a state license plus a CET, you must complete 5 e-therapy specific CEUs each year, in addition to any state licensing continuing education requirements.

  Eligible CEU providers are approved by:
  
  - The FCB
  - Other ICRC/AODA certification boards,
  - Accredited institutions of higher learning, or
  - Other licensing and member boards such as the Nursing Board, Department of Children and Families, Licensed Clinical Social Workers, etc.

  CEUs do not have to be earned via face-to-face instruction. CETs may submit coursework completed through home study programs, distance learning or Internet courses offered by FCB approved providers.

  The FCB approved CEU providers are listed on the FCB website at www.flcertificationboard.org/Training_FCB-Approved-Providers.cfm

- **CEU AUDIT**

  The FCB uses a random computer-generated audit system to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each CET can expect to be audited at least once every four years. Once audited, an individual’s name is not removed from the pool.

  When audited, the individual must submit documentation supporting the 10 CEUs the CET earned during the renewal period (June through June of the previous year).

  If you are audited and do not submit your CEUs, the FCB will open an ethics case against you and your certification will be suspended until the ethics case has been resolved.
PART I  Renewal & Inactive Status

☐ RENEWAL

Certification must be renewed no later than June 30 of each year.

To renew a certification, the certified individual must:

1. Pay the renewal fee no later than June 30 of each year.

2. Complete 5 hours of continuing education throughout the renewal period.

3. Submit documentation of continuing education, if audited.

A certification validation card is the official documentation that the CET has renewed certification. The card will be mailed to the CET after fees have been received and CEUs validated.

INACTIVE STATUS

An individual is in either certified or inactive status. While on inactive status, the credential may not be used.

A CET may move from certified to inactive status in several ways:

1. Failure to pay annual renewal fees will automatically result in inactive status. The certified individual must contact the FCB to reinstate a credential for non-payment of renewal fees.

2. A suspension or revocation due to ethical violation will result in inactive status. The FCB will notify the individual when he or she is eligible for reinstatement.

3. A certified individual may request inactive status, yet remain in good standing, for a maximum of three years. The certified individual must contact the FCB to reinstate a credential voluntarily placed on inactive status. If the certified individual allows more than three years to pass prior to requesting reinstatement, the FCB will close the credential and the individual must apply anew.
PART I  Appeals Process

APPEALS PROCESS

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

An inquiry is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

The applicant may appeal the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

☐ THE APPEAL HEARING

All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.

Within 20 business days after receipt of the applicant's request for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

The FCB will send, by certified mail, a notice of the Hearing Committee to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

The appealing party will be informed of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.
Part II  Application Portfolio

Your Application Portfolio Forms.

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

• Application
• Training Verification Forms

The beige forms must be completed by others and mailed to the FCB. These forms include:

• Experience Verification Form
  
  Provide this form to your current or previous employer and ask them to complete the form and mail it directly to the FCB.

• Recommendation for Certification Form
  
  Provide one of these forms to each of your references and ask them to complete the form and mail it directly to the FCB.

Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301

TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

□ Certified E-Therapist Application
□ Training Verification Forms

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

□ Experience Verification Form

The following form must be completed and mailed to the FCB by the References.

□ Recommendation for Certification Form
Certified E-Therapist Application Portfolio Checklist

Please be sure that you have addressed each of the requirements prior to submitting your Certified E-Therapist Application Portfolio.

☐ Completely filled out and provided my signature as necessary and appropriate on sections 1 – 8 of the Certified E-Therapist Application, including my:
  ☐ Statement of criminal background
  ☐ Authorization for Criminal Background Check
  ☐ Assurance and Release
  ☐ Acknowledgement of the FCB Code of Ethics

☐ Attached a copy of my current license or FCB certification to the Certified E-Therapist Application.

☐ Provided the Experience Verification Form and a stamped envelope addressed to the FCB to my current or former employer(s) human resources officer or designee for completion.

☐ Provided both of the Recommendation for Certification Form and a stamped envelope addressed to the FCB to professional references for completion.

☐ A total of 10 hours, allocated as required, are documented on the Training Verification Form

☐ Copies of transcripts/course descriptions and/or certificates of completion have been attached to the Training Verification Form for each training hour I am claiming.

Applicants must mail the following to the FCB to begin the application process:

☐ Complete Certified E-Therapist Application, including all required signatures and a copy of my license/FCB credential.

☐ $50 Certification Fee (check or money order made to the FCB).

☐ Complete Training Verification Form and supporting documentation.
**Certified E-Therapist Application**

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the $50 non-refundable Certification Fee has been received.

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**Florida Certification Board**
1715 S. Gadsden Street Tallahassee, FL 32301
850-222-6314 Phone 850-222-6247 Fax

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**Section 1 - Demographic Information**

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Middle/Maiden Name ____________________  DOB ______________  SSN ____________________________

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Place of Employment ____________________________  Address ____________________________

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E-mail ____________________________  Work Fax ____________________________

Please use the following address for correspondence:  ☐ Home  ☐ Work

**Section 2 - Educational Background**

**Postsecondary Education:** List all high school, technical or trade school, community college, college or university, or other institution from which you have received a diploma and/or degree.

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Note: Educational transcripts must be sent directly to the FCB from the educational institution to be considered official.

1. Is the name on your transcript the same as on this application?  ☐ Yes  ☐ No ____________________________

2. Have you previously submitted an official transcript to the FCB?  ☐ Yes  ☐ No
   
   If yes, please indicate the credential you hold: ____________________________ ____________________________
Certified E-Therapist Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the $50 non-refundable Certification Fee has been received.

Section 3 - Background Information

Have you ever been convicted, pled nolo contendre, or had adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?

☐ No  ☐ Yes

If you have answered “yes”, please indicate which method you will use to provide the FCB with a current and complete criminal history report for review and action:

☐ I would like the FCB to run a national background check. I have included an additional $20 payment with my application.

☐ I have contacted the Florida Department of Law Enforcement and they will be sending my background report.

☐ I work for an agency that requires a background check as a condition of employment. My employing agency will be submitting a statement verifying a clean/acceptable criminal background.

☐ I have had a criminal background check within the last 6 months. The reporting agency will be submitting a copy of the background report.

Section 4 - Voluntary Demographic Information

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 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 demographic information.

Ethnicity:

☐ Black (non-Hispanic Origin)
Persons having origins in any of the black racial groups of Africa.

☐ Native American
Persons having origins in any of the original native tribes of the Americas and Alaska.

☐ Hispanic
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

☐ Asian or Pacific Islander
Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

☐ White (non-Hispanic origin)
Persons having origins in any of the groups from Europe, North Africa, or the Middle East.

☐ Multi-racial/Multi-ethnic
Persons having any origins from any of the described races and/or ethnicities.

Date of Birth ____________________________ Gender: ☐ Female ☐ Male
Authorization for Criminal Background Check

Section 5

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB may 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 regarding criminal activity.

By signing this Acknowledgement and Authorization, I authorize the Florida Certification Board, IntelliCorp, and/or any other company authorized by the FCB, to access such information as may be necessary to conduct a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Florida Certification Board, IntelliCorp, and/or other company authorized by the FCB, against any liability which may result from making such requests.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Last Name: ___________________________________  First Name:  ________________________

Middle Name:  ___________________________  Maiden Name:  __________________________

Home Address: ___________________________________________________________________

City:___________________________________  State: ___________  Zip Code: ______________

Social Security Number: ___________________________  Date of Birth: ___________________

Sex: __________  Race: ______________________________

Signature: ___________________________________________ Date: ______________________

FCB USE ONLY

Certification Specialist: ___________________________  □ Approved

File Number: ___________________________  □ Pending BOD Approval

Certification Level: ___________________________  □ Denied
The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

“I give my permission for the 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 omissions shall result in the denial or revocation of certification.”

“I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board.”

“I further agree to hold the FCB, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of 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 on this form is correct and that I believe that I am qualified for the level of certification for which I am applying.”

___________________________________________________________      ______________________
Print Full Name Date

___________________________________________________________
Signature
Acknowledgement of the FCB Code of Ethics

Section 7

The FCB Code of Ethics can be downloaded at www.FLCertificationBoard.org/Ethics.cfm

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. You further acknowledge that the FCB Code of Ethics applies to applicants for certification and certified individuals. Your initials and signature are required in this section.

By affixing my initials and signature below...

“I acknowledge that I have received a copy of FCB’s most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.”

“I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB’s Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics.”

___________________________________________________________      _______________________
Print Full Name Date

___________________________________________________________
Signature

Please clearly print your name as you would like it to appear on your Certification Certificate. There is a $15.00 reprinting fee for any error not made by the FCB office.
Licensure/Certification Verification

Section 8

Applicants must provide proof of active licensure under Chapter 397, Florida Statute, OR certification at the professional or intermediate level from the Florida Certification Board in addiction, prevention or criminal justice.

Please indicate the license or certification you hold below and attach a copy of your license or certification to this page.

I hold licensure under Florida Statute Chapter:  □ 458  □ 459  □ 490  □ 491

OR

I hold a:   □ CAP  □ CAC  □ CPP  □ CPS  □ CCJAP  □ CCJAC

This space intentionally left blank.
Hello. The applicant named below is applying for certification with the Florida Certification Board. As part of the application process, the applicant must provide verification of **at least ten (10)** one hour e-therapy sessions.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

---

**Applicant’s Name:** ______________________________________________________________________

**Applicant’s Title:** _______________________________________________________________________

**Employer/Agency Name:** _________________________________________________________________

**City/State:** _____________________________________________________________________________

**Applicant’s Date(s) of Employment:** From: ___/___/___ To: ___/___/___

**Hours Worked per Week:** __________

**Average # of hours per week spent working with e-therapy issues:** __________

Please provide a detailed description of the applicant’s duties:

*You may attach a copy of the position description in lieu of describing the job duties, if applicable.*

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

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______________________________________________________________________________________

**Name:** ____________________________________________    **Phone Number:** ___________________

**Title:** _____________________________________________    **E-mail:** ____________________________

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

_________________________________________________ ______________________________

Personnel Officer/Volunteer Supervisor/Designee’s Signature  Date
Recommendation for Certification Form

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board’s Certified E-Therapist credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Description of the Role, as provided below. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the Recommendation for Certification Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

2. Please return the completed form to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, Florida, 32301. Please DO NOT return the completed form to the applicant.

3. If you have any questions please contact our office at 850-222-6314.

Description of Role:
The Certified E-Therapist is a qualified professional who possesses competency in providing direct services to individuals using distance technologies. The role of the Certified E-Therapist includes, but is not limited to:

- Providing professional alcohol and drug abuse counseling and treatment services using distance technologies, including telephone, internet chat, e-mail, and web/video conferencing.
- Conducting client screening and assessment and developing and implementing treatment plans based on the client’s individual strengths, needs, abilities, and preferences.
- Maintaining a secure distance delivery system that ensures client informed consent, confidentiality, and safety.
- Following all laws, statutes, regulations and standards applicable to comparable on-site services when delivering distance-based services.

Only NON-RELATIVES may provide recommendations. Please do not complete this form if you are in any way related to the applicant.
Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified E-Therapist.

______________________________________________________________________________________
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Section 2:

“I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant)

By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification.”

Relationship to Applicant: □ Professional □ Supervisor □ Other: __________________________

__________________________________________   (_________)_______________________________
Printed Name          Phone Number

______________________________     ______________________________
Signature     Date
Recommendation for Certification Form

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board’s Certified E-Therapist credential. Your feedback is a critical component of the application process and is greatly appreciated.

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“I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant)

By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification.”

Relationship to Applicant: □ Professional □ Supervisor □ Other: __________________________
________________________________________ (________)_______________________________
Printed Name          Phone Number

Signature     Date
CET Training Verification Form Page 1

**Directions:**

1. Use this form to document training.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the “Topic” column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 20 hours of training as prescribed.

- Professional Ethics in E-Therapy - 4 hours
- Clinical Principles/Treatment Modalities in E-Therapy - 4 hours
- Legal and Jurisdictional Implications of E-Therapy - 2 hours
- Electives - 10 hours in any of the above

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<th>Training Provider and Date of Trainings</th>
<th>Type of proof submitted (certificate, transcript, etc.)</th>
<th>Clock Hours</th>
<th>FCB Use</th>
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