



Child Protection Team Medical Provider (CPTMP) Certification APPLICATION

Directions: This is a two-part form. Section 1 must be completed by the applicant AFTER he or she has created a personal account in the Florida Certification Board’s (FCB) online certification system. A training document on how to create an online certification system account is posted at <http://flcertificationboard.org/resources/training-and-tutorials/>

After creating the account, please complete and submit this form to the Department of Health as directed by the Children’s Medical Services office. Designated staff of the Children’s Medical Services office will complete Section 2 and will submit the complete form to the FCB at amoore@flcertificationboard.org

If you have any questions, please contact the FCB at 850-222-6314 and ask to speak with a Certification Specialist.

Section 1: To be Completed by the Applicant

Part 1: FCB Certification System Account. The FCB cannot process any certification application related documents until you establish a personal account in FCB’s online certification system. Provide requested information EXACTLY as it is associated with your FCB account.

Full Name (as stated on your official, government issued identification)

Email Address

For FCB Use Only: Account Verified? Yes No

Part 2: Current Licensure

I hold the following valid State of Florida credential(s):

- Board Certified Pediatrician
- Board Certified Advanced Registered Nurse Practitioner
- Other (Eligibility will be verified by DOH): _____

Part 3: Certification Fees.

The Florida Department of Health will pay the certification application fee and test fee, for the number of attempts authorized in Section 2 of this form. Applicants do not pay these fees to the FCB.

The FCB administers all exams at approved testing sites across Florida. Each testing site sets up its own test registration processes, including a proctoring fee paid directly to the test site (\$30 for the CPTMP exam). Applicants must pay the proctoring fee to the test site. The FCB will reimburse CPTMP applicants for proctoring fees.

Part 3: 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 my online account and 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 its 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.

Signature (FCB accepts both manual and electronic signatures)

Date



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Section 2: To be Completed by DOH CMS Designee

Part 1: Applicant Identification. The FCB requires applicants to use their official name, as stated on official government identification for certification application purposes, directly related to test security requirements. For record keeping purposes, the FCB needs to know any other name the applicant may use for employment purposes.

Name: _____

Position Title: _____

For FCB Use Only: Applicant Name Match? Yes No (note action)

Part 2: Applicant Eligibility Attestations. To streamline the certification application verification processes, the FCB will accept CMS' attestation that specified certification requirements were verified by CMS as part of the hiring process and that documentation supporting these attestations is maintained according to agency policy and procedure *in lieu of requiring applicants to seek out and submit duplicative information.*

By my signature below, I attest that the following information is true and can be verified by agency records.

1. The applicant is currently employed in an eligible Child Protection Team Medical Provider position. Yes No

2. The applicant has been employed in the current position for a minimum of six months prior to application for CPTMP certification. Yes No

3. The applicant passed a Level 2 Background Screening or was granted a waiver from disqualification by the state. Yes No

4. The applicant holds one of the following valid credentials (select all that apply):

- Board Certified Pediatrician
- Board Certified Advanced Registered Nurse Practitioner
- Other (approved by CMS): _____

5. Fees: DOH will pay the following fees to the FCB on behalf of the applicant named on this form. The applicant will be required to pay the \$30 proctoring fee directly to the test site. The FCB will reimburse the applicant's proctoring fee(s).

- \$150 Application Fee
- \$125 Exam Fee (per attempt) Maximum # of billable attempts: _____
- Other (Specify amount and purpose): _____

Signature (FCB accepts both manual and electronic signatures)

Date