



*Protecting the Citizens  
of Florida*

**Addiction**

# Certified Addiction Professional (CAP)

for

# Licensed Professionals

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.

The Florida Certification Board is the only agency providing certification for addiction professionals in Florida (Chapter 397, Florida Statutes).

### Mission

The FCB serves the public interest by developing, administering and maintaining certification programs that reflect current standards of competent practice for addiction 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](http://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 certification, applicants must provide verifiable documentation that demonstrates he or she has the specified educational and experiential background necessary for certification.

This *Certified Addiction Professional (CAP) for Licensed Professionals 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 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 Addiction Professional (CAP) for Licensed Professionals

Licensed professionals are able to earn the Certified Addiction Professional (CAP) credential through a shorter application process than what is required for non-licensed applicants, which still results in earning the CAP credential.

A Certified Addiction Professional (CAP) designation is a professional substance abuse credential for those persons who have demonstrated competency in the performance domains of *Clinical Evaluation; Treatment Planning; Counseling; Case Management and Referral; Client, Family and Community Education; Documentation; and Ethical and Professional Responsibilities*. Individuals holding the CAP are recognized/hold the practice rights of a “qualified professional” per Chapter 397, F.S.

## Certification Standards

The following table provides an overview of the certification standards and requirements for licensed professionals to earn and maintain Certified Addiction Professional (CAP) certification.

Topic	Minimum Requirement
Licensure	<p>Licensed CAP applicants must provide proof of active Qualified Professional status in good standing in the state of Florida. Qualified Professionals are:</p> <ul style="list-style-type: none"> <li>• A physician or physician’s assistant licensed under Chapters 458 or 459, F.S.</li> <li>• A professional licensed under Chapters 490 or 491, F.S.</li> <li>• A Psychiatric Advanced Registered Nurse Practitioner (ARNP) licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for a Psychiatric ARNP designation.</li> </ul> <p>Licenses must be active, issued by the State of Florida, and in good standing. Registered intern status is not eligible for the CAP for Licensed Professionals program.</p>
Content-Specific Training	145 hours of addiction-specific training related to the transdisciplinary foundations of Understanding Addiction, Treatment Knowledge, Application to Practice, and Professional Readiness.
Recommendations	2 professional letters of recommendation for certification.
Written Exam	Florida Certified Addiction Professional Exam (required) IC&RC ADC Exam (optional for applicants desiring international reciprocity)
Criminal Background	Must have a clean criminal history for a minimum of 3-years prior to application for certification, including release from all sanctions.
Code of Ethics	Must read and sign an attestation agreeing to comply with the FCB Code of Ethical & Professional Conduct.
Continuing Education	<p>20 hours per year. Training content must be related to the transdisciplinary foundations of Understanding Addiction, Treatment Knowledge, Application to Practice, and Professional Readiness.</p> <p>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.)</p>
Renewal	Annual, on June 30 <sup>th</sup> of each calendar year.

## **International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Credential**

The Florida Certification Board is a proud member of the International Certification & Reciprocity Consortium (IC&RC). The IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and other drug abuse counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals and criminal justice professionals.

IC&RC and its members are committed to public protection through the establishment of quality, competency-based certification programs for professionals engaged in the prevention and treatment of addictions and related problems. The IC&RC also promotes the establishment and recognition of minimum standards to provide reciprocity for certified professionals. Individuals who hold IC&RC credentials are able to transfer their credentials to any of the IC&RC's 73 member organizations.

The FCB offers two IC&RC credentials:

- IC&RC Alcohol and Drug Counselor (ADC) credential
- IC&RC Prevention Specialist (CPS) credential

Licensed professionals seeking the Certified Addiction Professional (CAP) credential are eligible to earn IC&RC's Alcohol and Drug Counselor (ADC) credential. The minimum standards required for IC&RC ADC certification are met when the applicant has an approved CAP certification application AND has earned a passing score on both the Florida Certified Addiction Professional exam and the IC&RC ADC exam.

To apply for the IC&RC ADC Credential, complete the following steps:

1. Complete Section 7: International Certification Request (IC&RC) of the *Application for Certification Form*.
2. Register for the IC&RC ADC exam. The fee is \$185 per IC&RC test attempt. Exam approval and registration procedures are exactly the same as for the FCB required exams as described in this guide.
3. Complete the annual renewal process. IC&RC ADC credentials renew on June 30<sup>th</sup> of each calendar year, in conjunction with the CAP credential. The fee is \$35 per year.

## Fee Schedule

The following table provides the current fee structure for licensed professionals to earn and maintain Certified Addiction Professional (CAP) certification.

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

### ALL FEES ARE NON-REFUNDABLE

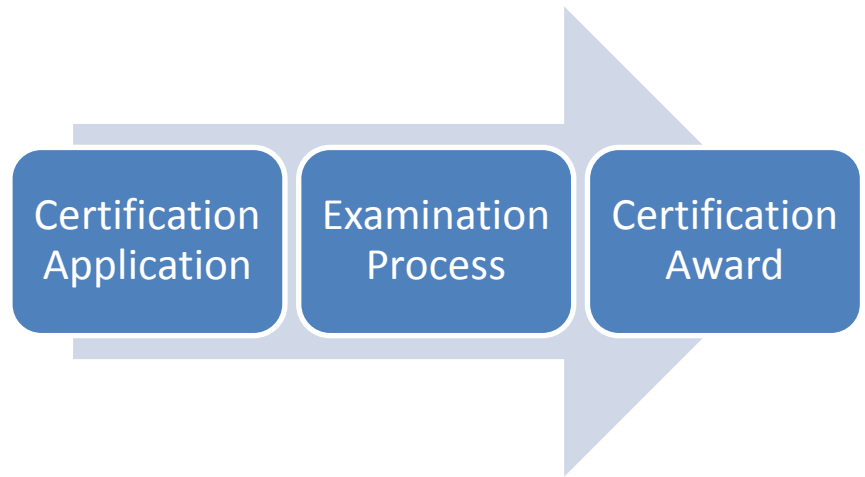
Requirement	Fee
Certification Application	<p><b>\$150.</b> This fee is valid for a 12-month period. If the CAP credential is not earned with 12-months of paying the certification application fee, a continuation fee must be paid.</p> <p>This fee must be paid (on-line) or submitted (hard-copy) with the <i>Certification Application: Certified Addiction Professional (CAP)</i>.</p>
Manual Application Processing Fee	<p><b>\$25.</b> This fee is required for any manual, hard-copy applications submitted to the FCB. The fee covers the cost of data entry.</p> <p>This fee must be submitted with the <i>Certification Application: Certified Addiction Professional (CAP)</i>.</p>
Florida Specific Exam	<p><b>\$150.</b> This fee must be paid with every exam attempt.</p> <p><b>DO NOT PAY THIS FEE UNTIL YOU ARE APPROVED TO TEST BY AN FCB CERTIFICATION SPECIALIST</b> because the FCB will not refund exam fees if an applicant is not approved to test.</p>
International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Exam <b>OPTIONAL EXAM</b>	<p><b>\$185.</b> This fee must be paid with every exam attempt.</p> <p><b>DO NOT PAY THIS FEE UNTIL YOU ARE APPROVED TO TEST BY AN FCB CERTIFICATION SPECIALIST</b> because the FCB will not refund exam fees if an applicant is not approved to test.</p>
CAP Annual Renewal	<b>\$125.</b> This fee must be paid on or before June 30 <sup>th</sup> of each calendar year.
IC&RC ADC Annual Renewal	<b>\$35.</b> This fee must be paid on or before June 30 <sup>th</sup> of each calendar year.
Renewal Late Fee	<b>\$30.</b> This fee must be paid for renewal payments received between July 1 <sup>st</sup> and July 31 <sup>st</sup> of each calendar year.

### 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 homepage of the FCB website at [www.flcertificationboard.org](http://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 others 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

The certification application requires you to document specified indicators of competency. Each requirement must be documented according to FCB policies and procedures, using FCB official forms.

Please be aware that you are required to seek out two (2) professional references that will provide documentation and/or other verification to support your certification application: these persons must submit information directly to the FCB by email 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.

<b>Form/Documentation</b>	<b>Individual or entity to complete form/submit documentation to FCB</b>
Certification Application	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Training Documentation	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Licensure Verification	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Recommendation	The individual providing a professional recommendation of the applicant for certification. <i>May only be submitted via e-mail or hard-copy mail.</i>

**TIP:** The FCB recommends that you provide each individual 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](mailto:admin_assist@flcertificationboard.org) **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 nine (9) sections that collect mandatory data for the FCB certification database. All sections must be complete and the applicant must provide a copy of one of the following licenses.

- A physician or physician’s assistant license under Chapters 458 or 459, F.S.
- A professional license under Chapters 490 or 491, F.S.
- A Psychiatric Advanced Registered Nurse Practitioner (ARNP) license under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for a Psychiatric ARNP designation.

Licenses must be active, issued by the State of Florida, and in good standing. Registered intern status is not eligible for the CAP for Licensed Professionals program.

### How to Document:

Electronic submission: The applicant completes all required fields of data. The applicant provides a copy of eligible licensure: the FCB will verify the license with the State of Florida’s issuing Board during the application review process.

Hard-copy submission: The applicant completes the *Certification Application form*, attaches the Certification Application Fee (\$150) and the Manual Processing Fee (\$25), and mails hard-copy, original FCB forms and copies of supporting documentation to the FCB office.

**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 eligible licensure status is received and verified; 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.

Application Section	Policy Statement
Demographics/Contact Information	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.
Proof of Licensure	Provide a copy of your current eligible license.
Content-Specific Training	Provide verifiable documentation of 145 hours of content specific training, allocated among the SAMHSA Transdisciplinary Foundations as follows: <ol style="list-style-type: none"><li>1. Understanding Addiction – basic knowledge about substance use disorders. 45 hours, minimum.</li><li>2. Treatment Knowledge – treatment and recovery models. 45 hours, minimum.</li><li>3. Application to Practice – how to apply treatment knowledge to practice. 20 hours minimum.</li></ol>

<b>Application Section</b>	<b>Policy Statement</b>
	<p>4. Professional Readiness – issues related to self-awareness, appreciation of diversity, ethics and continuing education. 20 hours minimum.</p> <p>5. Elective CEUs, must apply to at least one of the Transdisciplinary Foundations. 15 hours.</p>
Recommendations	<p>For tracking purposes, provide the names of the two (2) individual’s you are asking to provide a Professional Recommendation for Certification. Should a reference change, please contact the FCB to update your application file.</p> <p>Please note: this section of the application does not satisfy the Recommendation requirement.</p>
Background History	<p>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.</p> <p>Please Note: carefully read the FCB Criminal Background Policy 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.</p>
Ethical and Professional Conduct	<p>You are required to acknowledge certain standards and your professional responsibility in this section.</p> <p>Before completing this section, please carefully read 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> to ensure understanding of policy and requirements.</p>
International Certification Request (IC&RC)	<p>You are required to indicate your intent to pursue IC&amp;RC certification. Please note: if you choose to not seek IC&amp;RC certification at the time you apply for the FCB credential, you may apply at a later date if your credential remains active and in good standing.</p>
Assurance and Release	<p>You are required to provide specified assurances and releases to the FCB as part of the certification application process.</p>

## ***Content Specific Training Requirement***

**Requirement:** Licensed professionals seeking the CAP must complete and document a minimum of **145 hours of training** allocated among the SAMHSA Transdisciplinary Foundations as follows:

1. Understanding Addiction – basic knowledge about substance use disorders. 45 hours, minimum.
2. Treatment Knowledge – treatment and recovery models. 45 hours, minimum.
3. Application to Practice – how to apply treatment knowledge to practice. 20 hours minimum.
4. Professional Readiness – issues related to self-awareness, appreciation of diversity, ethics and continuing education. 20 hours minimum.
5. Elective CEUs, must apply to at least one of the Transdisciplinary Foundations. 15 hours.

**All training must have been completed with 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 supporting training documentation mails all materials 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 next to the course name on the course description. Place this document in the appropriate order as it is listed/appears on the Training Verification 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.

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 Part 3: *Sample Training Topics by Transdisciplinary Foundation*  
for examples of eligible content-specific training.**

## ***Recommendation for Certification Requirement***

**Requirement:** Licensed professionals seeking the CAP must have two (2) *Professional Recommendation for Certification forms* on-file.

**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 Addiction Professional (CAP). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to Addiction Professional 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 an Addiction Professional.

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.*

### **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 this form is only completed by the individual providing the recommendation.

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](mailto: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:** Licensed professionals seeking the CAP must pass the FCB’s Certified Addiction Professional (CAP) exam. CAP applicants seeking international certification must also pass the International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) exam. Information in this section applies to both exam instruments.

**Approval Criteria:** Licensed professionals seeking the CAP are approved to register for exam(s) when the *Certification Application: Certified Addiction Professional (CAP) for Licensed Professionals* is approved, which includes the following forms and specified supporting documentation.

- Certification Application: Certified Addiction Professional (CAP) for Licensed Professionals*
- Proof of eligible licensure.
- Attestation to “no criminal history” or approved criminal history per FCB policy
- Content Specific Training Verification Form and supporting documentation
- 2 Professional Recommendation for Certification Forms and any supporting documentation

Individuals who want to hold the IC&RC ADC credential must also submit the \$185 IC&RC testing fee prior to being approved to sit for the IC&RC ADC exam.

### **Examination Process**

Both exams are offered ONLY at computer-based approved 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.

CAP applicants may only register for the written exam(s) 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(s); 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 an Addiction Professional does in practice. Both exams are based on statistically valid Role Delineation Studies, which identified performance domains and job tasks expected of addiction professionals.

Each exam is 150 multiple choice questions and each question is directly tied to a job task in the published Role Delineation Study Report. Applicants have 3 hours to take each 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 CAP 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(s) may re-test after a 30-day waiting period from the date of taking the failed exam(s). 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 \$125 cancellation/rescheduling fee for the CAP exam and/or a \$185 fee for the IC&RC exam.

Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged a \$125 cancellation/rescheduling fee for the CAP exam and/or a \$185 fee for the IC&RC exam.

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

**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 Addiction Professional (CAP) 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 required exam. If more than one exam is taken, the credential issue date is the day the final exam is passed.

The CAP and the IC&RC ADC credentials are issued for a 12-month period, and will always renew on June 30<sup>th</sup> 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:** Certified Addiction Professionals must complete 20 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 Transdisciplinary Foundations 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 training providers
2. International Certification and Reciprocity Consortium (IC&RC) member board approved providers
3. College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation.
4. 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](http://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 CAPs 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 Addiction Professional, 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 Addiction Professional.

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:** The Certified Addiction Professional (CAP) credential and the IC&RC Alcohol and Drug Counselor (ADC) credentials each must be renewed annually, 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 30<sup>th</sup> of the renewal year.

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

Individuals who DO NOT meet renewal requirements by August 1<sup>st</sup> 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 Transdisciplinary Foundation

Licensed professionals seeking the CAP must complete and document a minimum of **145 hours of training** allocated among the SAMHSA Transdisciplinary Foundations as follows:

1. Understanding Addiction – basic knowledge about substance use disorders. 45 hours, minimum.
2. Treatment Knowledge – treatment and recovery models. 45 hours, minimum.
3. Application to Practice – how to apply treatment knowledge to practice. 20 hours minimum.
4. Professional Readiness – issues related to self-awareness, appreciation of diversity, ethics and continuing education. 20 hours minimum.
5. Elective CEUs, must apply to at least one of the Transdisciplinary Foundations. 15 hours.

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

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

**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.**

### **UNDERSTANDING ADDICTION (45 hours, minimum)**

- Normal human growth and development.
- Symptoms of substance use disorders that are similar to those of other medical and/or mental health conditions and how these disorders interact.
- Medical and mental health conditions that most commonly exist with addiction/substance use disorders.
- Methods for differentiating substance use disorders from other medical or mental health conditions.
- Fundamental concepts of pharmacological properties and effects of all psychoactive substances.
- The continuum of drug use, such as initiation, intoxication, harmful use, abuse, dependence, withdrawal, craving, relapse, and recovery.
- Behavioral, psychological, social, and health effects of psychoactive substances.
- The effects of chronic substance use on clients, significant others, and communities within a social, political, cultural, and economic context.
- The varying courses of addiction.
- The relationship between infectious diseases and substance use.
- Basic concepts of social, political, economic, and cultural systems and their impact on drug-taking activity.
- The history of licit and illicit drug use.
- Risk and resiliency factors for substance use.
- Statistical information regarding the incidence and prevalence of substance use disorders in the general population and major demographic groups.

**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.**

**TREATMENT KNOWLEDGE (45 hours, minimum)**

- Generally accepted models, such as but not limited to: pharmacotherapy, mutual help and self-help, behavioral self-control training, mental health, self-regulating community, psychotherapeutic, relapse prevention.
- The philosophy, practices, policies, and outcomes of the most generally accepted therapeutic models.
- Alternative therapeutic models that demonstrate potential.
- The role of family, social networks, and community systems as assets or obstacles in treatment and recovery processes.
- Methods for incorporating family and social dynamics in treatment and recovery processes.
- The prevention and treatment of addiction.
- The epidemiology, etiology, and treatment efficacy.
- Roles and contributions of multiple disciplines to treatment efficacy, including terms and concepts necessary to communicate effectively across disciplines and the importance of communication with other disciplines.
- Resources to develop individualized treatment plans.
- The strengths and limitations of available treatment settings and modalities.
- How to access and make referrals to available treatment settings and modalities.
- Current literature regarding medical and pharmacological interventions.
- Assets and liabilities of medical and pharmacological interventions.

**APPLICATION TO PRACTICE (20 hours, minimum)**

- Established diagnostic criteria, including but not limited to current Diagnostic and Statistical Manual of Mental Disorders (DSM) standards and current International Classification of Diseases (ICD) standards.
- Established placement criteria developed by various States and professional organizations.
- Strengths and limitations of various diagnostic and placement criteria.
- Continuum of treatment services and activities.
- A variety of helping strategies, including but not limited to: evaluation methods and tools, stage-appropriate interventions, motivational interviewing, involvement of family and significant others, mutual-help and self-help programs, coerced and voluntary care models, and brief and longer term interventions.
- Strategies appropriate to the various stages of dependence, change, and recovery.
- Various cultural norms, values, beliefs, and behaviors.
- Cultural differences in verbal and nonverbal communication.
- The features of crisis, which may include but are not limited to: family disruption, social and legal consequences, physical and psychological, panic states, and physical dysfunction.
- Substance use screening and assessment methods.
- Principles of crisis case management, posttraumatic stress characteristics, critical incident debriefing methods, and available resources for assistance in the management of crisis situations.



**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.**

**PROFESSIONAL READINESS (20 hours, minimum)**

- Assessment and intervention methods that are appropriate to culture and gender.
- Benefits of working with community coalitions.
- Counseling methods relevant to the needs of culturally diverse groups and people with disabilities.
- Environmental strategies and prevention campaigns.
- Exceptions to confidentiality rules in crisis or dangerous situations.
- Information and resources regarding racial and ethnic cultures, lifestyles, gender, and age as well as relevant needs of people with disabilities.
- Legal implications of crisis response.
- Research-based prevention models and strategies.
- Setting-specific policies and procedures.
- The Americans with Disabilities Act and other legislation related to human, civil, and clients' rights.
- The range of appropriate responses to a crisis or dangerous situation.
- The relationship between prevention and treatment.
- The relationship between substance use and diverse cultures, values, and lifestyles.
- The unique influence the client's culture, lifestyle, gender, and other relevant factors may have on behavior.
- Universal precautions.

## 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

<b>Form/Documentation</b>	<b>Individual or entity to complete form/submit documentation to the FCB</b>
Certification Application: Certified Addiction Professional (CAP) for Licensed Professionals	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Proof of Licensure	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Training Documentation	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Professional Recommendation	The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail or hard-copy mail.</i>

**Certified Addiction Professional (CAP) for Licensed Professionals**  
**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.** Please provide all requested information. Enter None or N/A as appropriate.

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle/Maiden Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Primary Email Address**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Home Address Line 1**

\_\_\_\_\_  
**Home Address Line 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip code**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Current Employer**

\_\_\_\_\_  
**Current Position Title**

\_\_\_\_\_  
**Employer's Webpage Address**

\_\_\_\_\_  
**Business Phone**

\_\_\_\_\_  
**Work Address Line 1**

\_\_\_\_\_  
**Work Address Line 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip code**

\_\_\_\_\_  
**County**

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



**Certified Addiction Professional (CAP) for Licensed Professionals**  
**Application for Certification**

**Section 4 Continued: 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

**Employer Webpage Address:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Employment Dates:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Describe Duties:**

**Section 5: Recommendations.** You are required to have two (2) professional letters of recommendation as part of your FCB application file. Please carefully read the Candidate Guide for Application for full requirements.

A specific form is used for this – 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.

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Section 6: 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

**Certified Addiction Professional (CAP) for Licensed Professionals**  
**Application for Certification**

**Section 6: 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 1<sup>st</sup> 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 7: 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](http://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

**Section 8: International Certification Request (IC&RC).**

Licensed professionals seeking the Certified Addiction Professional (CAP) are eligible to earn IC&RC's Alcohol and Drug Counselor (ADC) credential.

The minimum standards required for IC&RC ADC certification are met when the applicant has earned the CAP credential AND has earned a passing score on the IC&RC ADC exam. *Note: Applicants approved to take the CAP exam are also approved to take the IC&RC ADC exam. Applicants do not have to hold the CAP credential prior to sitting for the IC&RC ADC exam; however, the ADC credential will not be awarded until the CAP credential is earned.*

I am seeking IC&RC ADC certification.    I am not seeking IC&RC ADC certification.

**Certified Addiction Professional (CAP) for Licensed Professionals  
Application for Certification**

**Section 9: 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 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.

I acknowledge.     I do not acknowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## Certified Addiction Professional (CAP) for Licensed Professionals Training Verification Form

**Requirement:** Licensed professionals seeking the CAP must complete and document a minimum of **145 hours of training** allocated among the SAMHSA Transdisciplinary Foundations as follows:

1. Understanding Addiction – basic knowledge about substance use disorders. 45 hours, minimum.
2. Treatment Knowledge – treatment and recovery models. 45 hours, minimum.
3. Application to Practice – how to apply treatment knowledge to practice. 20 hours minimum.
4. Professional Readiness – issues related to self-awareness, appreciation of diversity, ethics and continuing education. 20 hours minimum.
5. Elective CEUs, must apply to at least one of the Transdisciplinary Foundations. 15 hours.

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

**How to Document:** 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, 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 the required 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, and write the number corresponding to the course on your transcript 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 "Application to Practice" 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 Addiction Professional (CAP) for Licensed Professionals Training Verification Form (1 of 5)

### Transdisciplinary Foundation: Understanding Addiction

Training Requirement: Minimum of 45 hours of training in topics directly related to Understanding Addiction.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>Drugs of Abuse</i>	<i>Florida State University</i>	<i>Fall 2012</i>	<i>45</i>	<i>Transcript</i>	
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only



## Certified Addiction Professional(CAP) for Licensed Professionals Training Verification Form (3 of 5)

### Transdisciplinary Foundation: Application to Practice

**Training Requirement: Minimum of 20 hours of training in topics directly related to Application to Practice.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>Crisis Intervention</i>	<i>Woodland Behavioral Health</i>	<i>3-3-12</i>	<i>6</i>	<i>Certificate of Completion</i>	
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

## Certified Addiction Professional (CAP) for Licensed Professionals Training Verification Form (4 of 5)

### Transdisciplinary Foundation: Professional Readiness

**Training Requirement: Minimum of 20 hours of training in topics directly related to Professional Readiness.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>Crisis Intervention</i>	<i>FCCMH Annual Conference</i>	<i>8-15-11</i>	<i>2</i>	<i>Conference Certificate of Attendance and Conference Brochure</i>	
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

## Certified Addiction Professional (CAP) for Licensed Professionals Training Verification Form (5 of 5)

### Electives

**Training Requirement: Minimum of 15 hours of training in topics directly related to any of the four Transdisciplinary Foundations.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>Methods for Effective Referrals</i>	<i>FADAA Annual Conference</i>	<i>8-15-11</i>	<i>2</i>	<i>Conference Certificate of Attendance and Conference Brochure</i>	
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

# **Certified Addiction Professional (CAP) for Licensed Professionals 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 Addiction Professional (CAP) designation.

Please carefully read the [Definition of a Professional Recommendation](#) and the [Description of a Certified Addiction Professional](#). 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 Addiction Professional (CAP), 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](mailto: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 Addiction Professional (CAP). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to addiction services at the level expected of a CAP. 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 Addiction Professional.

**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 Addiction Professional (CAP) for Licensed Professionals**

Licensed professionals are able to earn the Certified Addiction Professional (CAP) credential through a shortened application process than what is required for non-licensed applicants; however, licensed professionals will still earn the CAP credential. A Certified Addiction Professional (CAP) designation is a professional substance abuse credential for those persons who have demonstrated competency in the performance domains of Clinical Evaluation; Treatment Planning; Counseling; Case Management and Referral; Client, Family and Community Education; Documentation; and Ethical and Professional Responsibilities. Individuals holding the CAP are recognized/hold the practice rights of a "qualified professional" per Chapter 397, F.S.

## Certified Addiction Professional (CAP) for Licensed Professionals Professional Recommendation for Certification Form

**Part 1: To be completed by the applicant before giving to the individual providing the Professional Recommendation for Certification as an Addiction Professional (CAP).**

**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.

Your name: \_\_\_\_\_

Name of individual providing the recommendation: \_\_\_\_\_

**Part 2: To be completed by the individual providing the Professional Recommendation for Certification as an Addiction Professional.**

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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Primary Email Address

\_\_\_\_\_  
Primary Phone Number

home  cell  work

Phone Type

\_\_\_\_\_  
Contact Address Line 1

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Webpage Address

\_\_\_\_\_  
Business Phone

**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 an Addiction Professional (CAP).

## Certified Addiction Professional (CAP) for Licensed Professionals 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 Addiction Professional (CAP). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Addiction Professional.

**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 CAP.

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 an Addiction Professional (CAP).

I affirm.     I do not affirm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





*Protecting the Citizens  
of Florida*

**Addiction**

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