



# Certified Case Manager (CCM) & Certified Case Manager Supervisor (CCMS) Training Verification Form

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## REQUIREMENT

Certification standards require CCM and CCMS applicants to provide verifiable documentation of compliance with the training requirements as stated in the *AHCA Florida Medicaid Mental Health Targeted Case Management Handbook*.

- Case Manager and Case Manager Supervisor applicants must provide documentation they have completed AHCA-approved mental health targeted case management training within three months of initially providing Medicaid services.
- Training content must meet the *Targeted Case Management Training Requirements* stated in the *AHCA Florida Medicaid Mental Health Targeted Case Management Handbook*.

## DOCUMENTING THE TRAINING REQUIREMENT

This is a two-part form.

- Part one is completed by the applicant and provided to the employer.
- Part two is completed by the employer.
- This form and supporting documentation may be submitted by the employer or the applicant to the FCB by mail, email or fax (see below). In addition, applicants can upload this form and supporting documentation when completing the electronic CCM or CCMS application.
- A copy of the training certification of completion (or equivalent documentation) must be attached to this completed form. Training documentation must include the following minimum information: participant name, title of the training program, date of training, and the name of the training provider.
- All information must be TYPED. Handwritten forms will be denied.

### Mail:

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

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org) OR please ask the applicant for the email address of their assigned FCB certification specialist.

**Subject Line:** CCM-CCMS Training Verification (*insert applicant name*)

**FAX:** 850-222-6247

**Subject Line:** CCM-CCMS Training Verification (*insert applicant name*)

**Electronic Application:** The applicant can attach the completed form and supporting documentation to their online application. Training verification received via mail, email or fax will be uploaded to the electronic application by FCB staff.



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All information must be typed. Handwritten forms will be denied.

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

Applicant Name: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_  
 Name of Training Program: \_\_\_\_\_  
 Training Provider: \_\_\_\_\_  
 Date(s) of Training: \_\_\_\_\_

**Part 2: Employer Attestation of Applicant's Training Experience.** To be completed by the current/most recent employer.

I have read and understand the training requirement for the Certified Case Manager and Certified Case Manager Supervisor credential. The following information can be verified by employment records maintained by the agency.

**1. APPLICANT TRAINING HISTORY (select one)**

The applicant completed training before hire.  
 Hire Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

The applicant completed training within three months of hire.  
 Hire Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

**2. VERIFIERS CONTACT INFORMATION:**

_____	_____
Last Name	First Name
_____	_____
Title	Employer
_____	_____
Phone Number	Email Address

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

Signature *(FCB accepts both manual and electronic signatures)* \_\_\_\_\_ Date \_\_\_\_\_

**FOR FCB USE ONLY**

Supporting Documentation Attached?  Yes  No

Notes: