



Certified Case Manager (CCM) & Certified Case Manager Supervisor (CCMS) Work Verification Form

REQUIREMENT

Certification standards require both CCM and CCMS applicants to provide verifiable documentation of work experience requirements.

Case Manager Work Experience Requirement:

- Case Manager applicants must provide documentation they have completed at least one year of full time experience (2,000 hours) providing case management services to the Children's Mental Health Target Group or the Adult Mental Health Target Group.

Case Manager Supervisor Work Experience Requirement:

- Case Manager Supervisor applicants with a related Master's degree* or higher must have completed at least two years of full time experience (4,000 hours) providing case management services to the Children's Mental Health Target Group or the Adult Mental Health Target Group.
- Case Manager Supervisor applicants with a Bachelor's degree, unrelated Master's degree* or higher must have completed at least four years of full time experience (8,000 hours) providing case management services to the Children's Mental Health Target Group or the Adult Mental Health Target Group.

All work experience must be documented and paid. Volunteer or internship hours are not eligible for certification purposes.

*Related Master's degrees are counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education or a related human services field.

DOCUMENTING THE WORK EXPERIENCE REQUIREMENT

This is a two-part form.

- Part one is completed by the applicant and provided to the employer.
 - If the full work experience requirement can be documented by one employer, provide one form to your employer.
 - If you held multiple positions with a single employer, a separate form must be completed for each position.
 - If you must contact multiple employers to document the full work experience requirement, provide a separate form to each employer.
- Part two is completed by the employer and provided to FCB by mail, email or fax (see below). A copy of the applicant's position description must be attached to the completed form.
- 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 OR please ask the applicant for the email address of their assigned FCB certification specialist.

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

FAX: 850-222-6247

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



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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. Use a separate form for each position and/or employer.

Applicant Name: _____

Employer: _____

Position Held (select one only):*

- Case Manager serving the Children’s Mental Health Target Group
- Case Manager serving the Adult Mental Health Target Group
- Case Manager Supervisor serving the Children’s Mental Health Target Group
- Case Manager Supervisor serving the Adult Mental Health Target Group

**To verify multiple positions with one employer, complete a separate form for each position.*

Type of Position (select all that apply): Full-time Part-time

Official Position Title: _____

Employment Dates: _____

Part 2: Employer Attestation of Applicant’s Work Experience. Please complete the following fields of information and attach a copy of the applicant’s position description for the reported time period.

I have read and understand the work experience requirements for the Certified Case Manager and/or the Certified Case Manager Supervisor credential. The following information can be verified by employment records maintained by the agency.

1. Position Held (select one only):*

- Case Manager serving the Children’s Mental Health Target Group
- Case Manager serving the Adult Mental Health Target Group
- Case Manager Supervisor serving the Children’s Mental Health Target Group
- Case Manager Supervisor serving the Adult Mental Health Target Group

**complete a separate work verification form for each position for which the applicant is requesting verification.*

2. Type of Position: Full-time Part-time *If part time, avg. # of hours worked per week:* _____

3. Start Date: _____ **End Date:** _____

4. 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: