



# Certified Case Manager – Provisional Status (CCM-P) Application

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## REQUIREMENT

The provisional application is for individuals who have met the CCM formal degree and training requirements, but do not yet have the full year (2,000 hours) of on-the-job experience necessary for full certification. These applicants submit education and training documentation together and, upon approval, are issued a provisional credential that is valid for 12-months. During the provisional period, on-the-job experience requirements are complete and the credential is "upgraded" to a full credential before the provisional expiration date.

CCM-P applicants must:

- Be employed by an Agency for Health Care Administration (AHCA) enrolled mental health targeted case management provider.
- Meet all FCB administrative requirements and all CCM-P specific standards and eligibility requirements. Please see the *CCM-P Standards Table* for details.

## APPLICATION FOR PROVISIONAL CERTIFICATION

Application for certification is a two-part process. First applicants must create an online account with the FCB. After the account is created, the applicant is eligible to apply for certification. Please read these directions carefully.

**Step 1: Create an Online Account.** Please refer to the *Candidate Guide: Application Process* for directions on how to create an online account. It is very important that you understand the following:

- **DO NOT** submit this application, supporting documentation or fees until you have created your account as the FCB cannot conduct any business with you until your online account is created.
- The primary means of communication from the FCB is by email. As such, we strongly encourage you to use your personal contact information in your online account. If you provide your work email as your PRIMARY contact and you subsequently leave that employer, the FCB will not be responsible for failure to communicate certification information to you.

**Step 2: Prepare and submit the CCM-P Application.** The CCM-P application is only available in hard-copy. There is NOT an electronic application for provisional certification.

- This form is to be completed by the Applicant.
- All information must be TYPED. Handwritten forms will be denied.
- The following documents must be submitted with this application for provisional certification:
  - Unofficial copy of the applicant's college or university transcript (Bachelor's degree or higher from an accredited college or university)
  - A copy of the training certification of completion (or equivalent documentation). Training documentation must include the following minimum information: participant name, title of the training program, date of training, and the name of the AHCA approved training provider.
  - Check or money order in the amount of \$100 *or* credit card payment over the phone.
- The application, all supporting documentation and the certification fee can be sent via mail, email or fax.  
**US Mail:** FCB ♦ 1715 South Gadsden Street ♦ Tallahassee, FL 321301  
**Email:** Applications are assigned to Certification Specialists based on the applicant's current employer. Please see the CCM-CCMS Certification Specialist Assignment document posted online at <http://flcertificationboard.org/certification/case-management-credentials/> for the correct email address.  
**FAX:** 850-222-6247



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

**Part 1: Applicant Information.** Provide requested information EXACTLY as it is entered in your FCB online account.

Applicant Name: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
Current Employer: \_\_\_\_\_

**Part 2: Other Certification or Licensure**

Do you hold any other current license or certification?  No  Yes  
If yes, please identify the credential(s) you hold and attach a copy of the credential. Attach additional sheets if necessary.  
Credential Name: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Part 3: Formal Education/Degree**

Report the highest level degree that you hold that meets or exceeds the minimum requirement of a Bachelor’s degree. You must attach a copy of your official or unofficial transcript to this application.  
Degree Level:  BA/BS  MA/MS  PhD  JD Other (please specify): \_\_\_\_\_  
Major: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Award Date: \_\_\_\_\_  
Is your name on the transcript the same as your name on this application?  Yes  No  
Name on Transcript: \_\_\_\_\_

**Part 4: Content Specific Training**

Applicants must complete an AHCA approved training that meets the training requirements in AHCA *Florida Medicaid Mental Health Targeted Case Management Handbook* within three months of hire. Report the training information requested and attach a copy of the training certificate of completion or equivalent documentation to this application.  
Please indicate when you completed the training requirement:  
 I completed my training requirement before I was hired by my current employer.  
 I completed my training requirement after I was hired by my current employer.  
Hire Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

**Part 5: Current Employer**

Employer Name: \_\_\_\_\_  
Employer Street Address: \_\_\_\_\_  
Employer City-State-Zip: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Position Type:  Full-time  Part-time # hours/week: \_\_\_\_\_



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## Part 6: Assurance and Release

By my signature below, I attest that:

1. I am applying to the Florida Certification Board (FCB) for certification.
2. I have received, read and understand the current *Candidate Guide: Application for Certification* and the CCM-P standards table and agree to abide by all terms and conditions therein.
3. I understand that certification award is contingent upon my successfully meeting all applicable FCB policies and credential-specific certification standards and requirements.
4. I understand that false or misleading statements or omission of information may result in the denial or revocation of certification.
5. I give my permission to the FCB and its staff to investigate my background as it relates to information contained in my application for certification.
6. I consent to the release of information contained in my application, certification record(s) and/or any other pertinent information to FCB staff and members of the FCB Board of Directors and its Advisory Boards, Councils and review committees.
7. I understand the FCB will publish my name, credential information and any history of ethical misconduct/disciplinary action in response to public searches made through the FCB online credential verification system.
8. I agree to hold the FCB, its staff, members of the FCB Board of Directors and members of FCB Advisory Boards, Councils and review committees free from any civil liability for damages resulting for any actions that is within the scope of the performance of their duties which is taken in connection with the review of this application for certification, subsequent examinations, allegations of ethical misconduct, disciplinary proceedings and implementation of FCB policy which may result in denial or revocation of certification for cause.
9. I understand that FCB certification related fees are non-refundable, even if it is determined that I am not eligible for certification for any reason.
10. I understand that provisional certification is a designation of early competency and I am expected to seek out and respond to intensive supervision during my provisional certification period. I further understand that I am responsible for completing the work experience requirement and applying for full CCM certification at least 30 calendar days before my provisional certification expires.
11. I hereby affirm that the information provided in 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

**Supporting Documentation Attached?**  Degree Transcript  Training Documentation

**Notes:**