



Certified Case Manager – Provisional Status (CCM-P) Employment & Training Verification Form

REQUIREMENT

Applicants seeking the Certified Case Manager – Provisional Status (CCM-P) credential are required to submit verification of current employment with an Agency for Health Care Administration (AHCA) enrolled mental health targeted case management provider and compliance with training requirements.

DOCUMENTING THE CCM-P 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 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: 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.

Subject Line: CCM-P Employment and Training Verification (*insert applicant name*)

FAX: 850-222-6247

Subject Line: CCM-P Employment and Training 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.

Applicant Name: _____
 Current Employer: _____
 Position Title: _____

Part 2: Employer Attestation. To be completed by the current/most recent employer.

I have read and understand the employment and training requirement for the Certified Case Manager – Provisional Status (CCM-P) credential. The following information can be verified by employment records maintained by the agency.

1. APPLICANT EMPLOYMENT

The applicant currently works as a: (select one only)

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

Official Position Title: _____

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

2. 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: _____

3. 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:



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