



CCM-P UPGRADE Application

REQUIREMENT

People holding the CCM-P credential must complete the work experience requirement and apply for an upgrade to the CCM credential at least 30 calendar days before the provisional credential expires.

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 the CCM-P Upgrade specific standards and eligibility requirements. Please see the *CCM-P Standards Table* for details.
- Provide the *Certified Case Manager – Provisional Status UPGRADE Work Verification Form* to their employer for completion and submission to the FCB. This form must be received by the FCB at least 30 calendar days before the provisional credential expires.

APPLICATION FOR PROVISIONAL CERTIFICATION

- Prepare and submit the CCM-P UPGRADE Application. The CCM-P UPGRADE application is only available in hard-copy at this time. There is NOT an electronic application for the CCM-P UPGRADE.
- This form is for all applicants with a valid CCM-P credential who are seeking full certification.
- This form is to be completed by the applicant.
- All information must be TYPED. Handwritten forms will be denied.
- The work experience requirement must be completed during the provisional period and employer-provided Work Verification documentation must be received at least 30 calendar days before the provisional certification expiration date.
- The first time the CCM credential is issued it will be valid for slightly less than or slightly more than 12 months, depending on the date the credential is issued. Credentials issued for the first time in the months of January, February or March will renew the following March 31st. After the first renewal, the credential will be issued for a 2-year period, always expiring on March 31st of the renewal year.
- This application and the \$50 certification fee can be sent via mail, email or fax.

US Mail: FCB ♦ 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.

FAX: 850-222-6247



CCM-P UPGRADE Application

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: _____

Credential Name: CCM-P Credential #: _____

Issuing Authority: Florida Certification Board

Issue Date: _____ Expiration Date: _____

Part 2: Assurance and Release

- By my signature below, I attest that:
1. I am applying to the Florida Certification Board (FCB) for an upgrade from CCM-P to CCM certification.
 2. I have received, read and understand the current *Candidate Guide: Application for Certification* and the related standards tables 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 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 _____

For FCB Use Only

Notes: