



CCM-P UPGRADE Work Verification Form

REQUIREMENT

Individuals who hold an active Certified Case Manager – Provisional Status (CCM-P) credential are required to complete the work experience requirement during the provisional certification period. CCM-P applicants must apply for an upgrade to full CCM certification 30 calendar days before the CCM-P credential expires.

CCM-P UPGRADE Work Experience Requirement:

- CCM-P UPGRADE 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.

All work experience must be documented and paid.

All work experience used for an upgrade must be completed with an employer who is an Agency for Health Care Administration (AHCA) enrolled mental health targeted case management provider.

Volunteer work or internship hours are not eligible for certification purposes.

DOCUMENTING THE CCM–P UPGRADE 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 provided by one employer, provide one form to your employer.
 - 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: 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 Upgrade Work Experience Verification (*insert applicant name*)

FAX: 850-222-6247

Subject Line: CCM-P Upgrade 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.

Applicant Name: _____

Employer: _____

Official Position Title: _____

Employment Dates: _____

Type of Position: Full-time Part-time

Position Held (select one only):*

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

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

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 individuals seeking to upgrade from the CCM-P credential to the full CCM 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

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: