



# APPLICATION FOR CERTIFICATION

Effective Date: 9-23-16

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## DIRECTIONS

Please use this form if you are unable to apply for certification using the FCB's online certification application system.

Please note that all communication between the FCB and applicants occurs via email. You **MUST** have an active email account, which is entered into your online account, in order to apply for certification. If you are unable to use any electronic systems, please contact the FCB for guidance before applying for certification.

1. Create your online certification account. **The FCB will NOT process your application until you create this account.** A training document on how to create an online certification system account is maintained on the FCB website at <http://flcertificationboard.org/resources/training-and-tutorials/>

2. Complete and submit this hard-copy **APPLICATION FOR CERTIFICATION** and the hard-copy **TRAINING VERIFICATION FORM** to the FCB via US Mail or Email.

US Mail: FCB ♦ Attention: Certification Operations ♦ 1715 South Gadsden Street ♦ Tallahassee, FL 32301  
Email: [admin\\_assist@flcertificationboard](mailto:admin_assist@flcertificationboard) ♦ Subject: Application for Certification

3. Submit the **manual application fee** and the **certification fee** to the FCB via credit card by phone or US Mail.

Credit card payment by phone: The FCB accepts VISA, MasterCard, Discover and American Express. There is a \$5 convenience fee for each transaction.

Check or Money Order by US Mail: Please include your check or money order payments with your hard copy documents. If you email your documents and submit payment via US Mail, please clearly indicate your name as entered into your online account and as written on this application to allow the FCB to correctly apply payment to your account.

The manual application fee is \$25, regardless of the credential you are seeking. The certification fee varies by credential. See the FCB Fee Schedule for the appropriate fee <http://flcertificationboard.org/resources/policy-and-procedure/>.

## IMPORTANT TIMELINES and FEE PAYMENT INFORMATION

- a) The FCB will hold hard copy applications that cannot be linked to an online certification account for 45 calendar days. The FCB will send an email to the email address indicated on this form directing you to create an online account and notify the FCB when the account is created. Failure to comply within 45 days will result in your application being destroyed.
- b) The FCB will hold hard copy applications that do not have full payment for 45 calendar days. Failure to make full payment in 45 days will result in your application being destroyed and, if partial fees were paid, forfeiture of partial fee payments.
- c) The FCB will hold hard copies of supporting documentation that cannot be linked to an application for 30 calendar days. Please do not request supporting documentation from other sources until you have submitted your application and fees and have been assigned to a Certification Specialist. Supporting documentation that cannot be linked to an application within 30 days of receipt will be destroyed.



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**Part 1: Applicant Information.** Provide requested information EXACTLY as it is associated with your FCB account.

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

**Part 2: Requested Credential.** Indicate the credential you are applying for. Only indicate ONE credential per application.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Master's Level Addiction Professional (MCAP)                             | <input type="checkbox"/> Addiction Professional (CAP)        | <input type="checkbox"/> Mental Health Professional (CMHP)  |
| <input type="checkbox"/> Master's Level Addiction Professional for Licensed Professionals (MCAP)* | <input type="checkbox"/> Addiction Counselor (CAC)           | <input type="checkbox"/> Behavioral Health Technician (CBHT)  |
| <input type="checkbox"/> Master's Level Addiction Professional UPGRADE (MCAP)*                    | <input type="checkbox"/> Recovery Support Specialist (CRSS)  | <input type="checkbox"/> Peer Support Specialist (CRPS)   |
| <input type="checkbox"/> Master's Level Addiction Professional UPGRADE PLUS (MCAP)*               | <input type="checkbox"/> E-therapist (CET)                   | <input type="checkbox"/> Recovery Residence Administrator (CRRA)  |
|   | <input type="checkbox"/> Gambling Addiction Counselor (CGAC) | <input type="checkbox"/> Community Health Worker (CCHW)   |
|   | <input type="checkbox"/> Tobacco Treatment Specialist (CTTS) |   |
|   | <input type="checkbox"/> Prevention Professional (CPP)       | <i>*The \$25 manual entry fee is waived because there is not an online application for these credentials.</i> |
|   | <input type="checkbox"/> Prevention Specialist (CPS)         |   |

**Part 3: 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 4: Formal Education/Degree**

Report the highest level degree you hold that meets or exceeds the minimum requirement for the credential you are seeking.

Degree Type:

- |   |                                |                                      |                                |
|---|--------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> High School Diploma/GED* | <input type="checkbox"/> AA/AS | <input type="checkbox"/> MA/MS/M.Ed. | <input type="checkbox"/> MD/OD |
| <input type="checkbox"/> Vocational Degree        | <input type="checkbox"/> BA/BS | <input type="checkbox"/> PhD         | <input type="checkbox"/> JD    |

Major: \_\_\_\_\_

Institution: \_\_\_\_\_

Award Date: \_\_\_\_\_

\*Applicants may submit a copy of their HSD/GED or an unofficial college/university transcript to documents this formal education/degree requirement. All other degrees require an official transcript. See the *Candidate Guide: Application Process for policy related to documenting the formal education/degree requirement.*

**Part 5: Content-Specific Training**

All applicants must submit a completed TRAINING VERIFICATION FORM at the time of application. Please indicate how you will submit the required form.

- I am submitting an electronic TRAINING VERIFICATION FORM file with my application.
- I am submitting a hard-copy TRAINING VERIFICATION FORM with my application.

*Note: You must submit the TRAINING VERIFICATION FORM with your application. Supporting documentation for each entry on the form may be submitted at the same time or at a later date. See the Candidate Guide: Application Process for policy related to documenting the content-specific training requirement.*



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## Part 6: References

In this section you MUST identify the individuals who will submit your letters of recommendation for certification and, if required by the credential you are seeking, the individual(s) who provided you with on-the-job supervision for certification purposes. Attach additional pages if necessary.

### Reference 1: Letter of Recommendation

Recommender's Name: \_\_\_\_\_

Employer \_\_\_\_\_

Contact Email \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Type of Recommendation  Professional  Supervisory  Personal

### Reference 2: Letter of Recommendation

Recommender's Name: \_\_\_\_\_

Employer \_\_\_\_\_

Contact Email \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Type of Recommendation  Professional  Supervisory  Personal

### Reference 3: Letter of Recommendation

Recommender's Name: \_\_\_\_\_

Employer \_\_\_\_\_

Contact Email \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Type of Recommendation  Professional  Supervisory  Personal

### Reference 4: On-the-Job Supervision The credential I am applying for does not have an on-the-job supervision requirement.

Supervisor's Name: \_\_\_\_\_

Employer \_\_\_\_\_

Contact Email \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Attach additional pages if necessary.

## Part 7: Related Work Experience

In this section you MUST identify the employer(s) where you gained the related work experience necessary for certification. Attach additional pages if necessary.

### Employer 1:

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Employer City-State-Zip code: \_\_\_\_\_

Position Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_



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## Part 7 Continued: Related Work Experience

### Employer 2:

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Employer City-State-Zip code: \_\_\_\_\_

Position Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Attach additional pages if necessary.

## Part 8: Application Attestation

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 Credential-specific standards table for the credential I am seeking 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