



Florida Certification Board CAP Scholarship Application

SCHOLARSHIP PROGRAM

The Florida Certification Board, through funding from the Florida Department of Children and Families, Office of Substance Abuse and Mental Health (Contact #LH829) announces a **scholarship program for persons seeking certification, reinstatement or renewal as a Certified Addiction Professional.**

Scholarships are available now through June 30, 2026. To apply, interested people **must attest to financial need**, by completing the FCB Scholarship Application Form for financial assistance with application, certification examination, reinstatement and/or renewal fees. All applicants will receive award notice within five (5) business days after FCB receives the application.

Once approved for financial assistance, recipients must use the scholarship **within 90 days** by completing the online credential application at www.flcertificationboard.org and clicking on My Account or **it will be voided and another Scholarship Application must be submitted.**

Please note approval for scholarship funds may be voided if our funds are exhausted prior to the end of our fiscal contract. You will be notified if this occurs and may be responsible to pay any fees due at that time.

Award criteria:

- Resident of Florida; U.S. citizen or otherwise authorized to work in the United States
- Financial need

SCHOLARSHIP FUNDS PERTAIN TO THE FOLLOWING FEES

- **Certification Application:** When submitting a scholarship request for certification application fees, applicants must first create an online account and then complete the online certification application.
- **Certification Examination:** The scholarship for an examination will cover up to one re-test.
- **Upgrade Fee:** The scholarship for the provisional certification upgrade to full certification.
- **Reactivation Fee:** If requesting financial assistance to reinstate an inactive CAP certification, applicants must also complete a Certification Reinstatement Application. Inactive status refers to a credential that has lapsed (Inactive status) for less than three years.
- **Reinstatement Fee:** If requesting financial assistance to reinstate an inactive CAP certification, applicants must also complete a Certification Reinstatement Application. Inactive status refers to a credential that has lapsed (Inactive status) for less than three years.
- **Continuation Fee:** If application completion takes longer than the allotted one-year period, an applicant can submit a scholarship application for this fee which will give the applicant another year to complete the certification process.
- **Renewal Fee:** The CAP credential renews annually; scholarship requests must be made annually if financial need is relevant. The fee can be requested in conjunction with a reinstatement if the credential has been inactive for less than three years. If inactive credential has lapsed for more than three years, a new, full certification application and examination is required.

IMPORTANT NOTE: Scholarship funds are not available for the \$35 that is charged as a proctoring fee at testing centers.

DIRECTIONS

Upon completion, please submit the form directly to the FCB via mail, email or fax:

Mail: Florida Certification Board
Attn: Scholarship
1715 South Gadsden Street
Tallahassee FL 32301

Email: emckenzie@flcertificationboard.org or
admin_assist@flcertificationboard.org
Fax: (850) 222-6247
Subject Line: Scholarship Application Request



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

| | | |
|---|--|--|
| Section 1 – Contact Information. Please be sure this information matches the primary contact information in your FCB profile. | | |
| Last Name: | First Name: | |
| Phone Number: | Email Address: | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Section 2 – Demographics and Credential Information | | |
| Are you a U.S. citizen or otherwise authorized to work in the United States: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credential Sought: (select only one) | | |
| <input type="checkbox"/> Certified Addiction Professional (CAP) | | |
| Have you ever been awarded a credential by the Florida Certification Board: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please indicate the credential and its number: | | |
| Are you currently employed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If employed, provide Employer Name: | | |
| Position Title: | | |
| Are you required to self-pay to for certification-related fees: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please provide information about why you are requesting financial assistance: | | |
| | | |
| Section 3 – Scholarship Information | | |
| Please indicate the fee(s) for which you are requesting financial assistance: | | |
| <input type="checkbox"/> Application Fee (\$150) | <input type="checkbox"/> Examination Fee (\$150) | <input type="checkbox"/> Reinstatement Fee (\$200) |
| <input type="checkbox"/> Renewal Fee (\$125) | <input type="checkbox"/> Continuation Fee (\$150) | <input type="checkbox"/> Reactivation Fee (\$75) |
| I acknowledge that, if awarded scholarship funds, I will have 90 days (3 months) to use the scholarship, or it will be voided. | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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Section 4 – Attestation of Financial Assistance

To the best of my knowledge, I have provided the Florida Certification Board with accurate information concerning all questions on this application. **I verify that I need financial assistance to apply for, renew or reinstate a certification as a Certified Addition Professional.** I understand that funds are limited and are intended for those who require financial assistance due to limited or no income, have no other means of financial support or do not receive reimbursement or payment from their employer for certification.

By signing this form, you are attesting that you are currently in a financial hardship and need assistance with paying the required fee.

Signature *(FCB accepts manual and electronic signatures)*

Date

For FCB Office Use Only

Date Received:

Staff Reviewed:

Amount of Assistance Awarded: