**Training Requirement:** Completion of **250** hours of addiction training within five years prior to application for certification, with competencies distributed across the following topics:

Understanding Addiction/Treatment Knowledge: 80 hours
 Application to Practice/Professional Readiness: 25 hours

• Documentation: 15 hours

Client/Family/Community Education: 15 hours

Case Management: 15 hours
 Clinical Evaluation: 25 hours
 Treatment Planning: 15 hours

Counseling: 30 hours

• Ethical and Professional Responsibilities: 30 hours, 6 of which must be specific to professional ethics

The training requirement may be met through either: (1) multiple classes amounting to at least 250 hours and covering all required content or (2) a single class awarded FCB sole-source provider status covering all required content. An FCB sole-source provider delivers training that meets or exceeds 250 hours and issues a single training certificate to successful trainees.

Eligible training providers include: (1) an accredited college or university, (2), a training provider approved by a state or national certification/licensure organization other than the FCB, or (3) an FCB-approved training provider. The names of FCB-approved training providers can be found in a searchable database on the FCB website.

**Documentation of Training:** Applicants must submit **both** this form (complete Option 2) and a copy of the training certificate issued by the provider for each training event. Supporting documentation must include the name of the applicant, title of the training, delivery dates, number of hours of training, and name and qualifications of the training provider. Examples of documentation include certificates of completion, transcripts, and course outlines, learning management system reports, and other evidence of having participated in relevant training.

**Applicant Information** 

Applicant Name*	Applicant Email Address					
ter your name and email <u>exactly</u> as it is associated with your FCB account.  Training and Attestation						
training completed within 10 years prior to ap topics: Understanding Addiction/Treatment K Documentation (15 hours), Client/Family/Com	iction Professional Tier I Training Requirement, defined as 250 hours of addiction oplication for certification, with competencies distributed across the following inowledge (80 hours), Application to Practice/Professional Readiness (25 hours), nmunity Education (15 hours), Case Management (15 hours), Clinical Evaluation ounseling (30 hours), & Ethical/Professional Responsibilities (30 hours)					
	eting and uploading this form and the supporting documentation to my FCB porting documentation in the same order as listed on this form.					
delivered by an eligible training provider withi	requirement, including the required number of hours per topic. My training was in 10 years prior to my application for certification. I have provided information de supporting documentation for any course I have taken.					
By my signature, I attest that the information to an interview to discuss the documentation	provided on this form and the supporting documentation are true, and I consen if requested by FCB staff.					
Signature (The FCB accepts both manual and electronic side	anatures) Date					



# Provide the requested information for each training related to **Understanding Addiction/Treatment Knowledge**.

Training must meet or exceed 80 hours.

Applicant Information					
Applicant Name* Applicant Email Address					
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.					
Training Hours and Topic: 80 hours of training topics on Understanding Addiction/Treatment Knowledge					
See example of how to report training (in italics below <b>).</b>					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
Signs and Symptoms of Addiction	02/12/2022	02/12/2022	2	Training Certificate	



Provide the requested information for each training related to **Application to Practice/Professional Readiness**.

Training must meet or exceed 25 hours; 6 of which must be specific to professional ethics.

Applicant Information					
Applicant Name* Applicant Email Address					
*Enter your name and email exactly as it is associated with your FCB account.  Training Hours and Topic: 25 hours of training topics on Application to Practice/Professional Readiness; 6 hours must be specific to professional ethics.					
See example of how to report training (in italics below <b>).</b>					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
Ethics for Healing Professionals	11-13-20	11-14-20	12	Training Certificate	



### Provide the requested information for each training related to **Documentation**.

Training must meet or exceed 15 hours.

Applicant Information						
Applicant Name*  *Enter your name and email exactly as it is associated with your FCB account.	Applicant	Email Address				
Training Hours and Topic: 15 hours of training topics on Documentation						
See example of how to report training (in italics below <b>).</b>						
Training Title	Start Date	End Date	Credit Hours	Documentation Type		
What Happened? Writing Effective Progress Notes	04-15-21	04-15-21	5	Training Certificate		



## Provide the requested information for each training related to **Client/Family/Community Education**.

Training must meet or exceed 15 hours.

Applicant Information					
Applicant Name* Applicant Email Address  *Enter your name and email exactly as it is associated with your FCB account.					
Training Hours and Topic: 15 hours of training topics on Client/Family/Community Education					
See example of how to report training (in italics below).					
Training Title	Start Date	End Date	<b>Credit Hours</b>	Documentation Type	
Adult Education 101: Key Concepts for Adult Learning	09/12/20	09/12/20	1.5	Stamped Conference Agenda	



### Provide the requested information for each training related to **Case Management**.

Training must meet or exceed 15 hours.

Applicant Information						
Applicant Name*  *Enter your name and email exactly as it is associated with your FCB account.	Applicant	Email Address		_		
Training Hours and Topic: 15 hours of training topics on Case Management  See example of how to report training (in italics below).						
Training Title Start Date End Date Credit Hours Documentation Ty						
Maintaining Confidentiality Across Providers	10-01-2019	10-01-2019	6	Participation Certificate		
Wallitaining Confidentiality Across Fronders	10-01-2019	10-01-2019	U	Furticipation certificate		



### Provide the requested information for each training related to **Clinical Evaluation**.

Training must meet or exceed 25 hours.

Applicant Information						
Applicant Name* *Enter your name and email exactly as it is associated with your FCB account.	Applicant	Email Address				
Training Hours and Topic: 25 hours of training topics on Clinical Evaluation  See example of how to report training (in italics below).						
Training Title	Start Date	End Date	Credit Hours	Documentation Type		
Maintaining Confidentiality Across Providers	10-01-2019	10-01-2019	6	Participation Certificate		
Walltulling Confluentiality Across Froviders	10 01 2013	10 01 2013		Tarticipation certificate		



# Provide the requested information for each training related to **Treatment Planning**.

Training must meet or exceed 15 hours.

Applicant Information					
Applicant Name* Applicant Email Address *Enter your name and email exactly as it is associated with your FCB account.					
Training Hours and Topic: 15 hours of training topics on Treatment Planning					
See example of how to report training (in italics below <b>).</b>					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
Starting at the Beginning: Intake and Orientation Techniques	10-01-2019	10-01-2019	6	Participation Certificate	



### Provide the requested information for each training related to **Counseling**.

Training must meet or exceed 30 hours.

Applicant Information					
Applicant Name* *Enter your name and email exactly as it is associated with your FCB account.	Applicant	Email Address			
Training Hours and Topic: 30 hours of training topics on Counseling  See example of how to report training (in italics below).					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
Motivational Interviewing for Counselors	10-10-2017	10-13-2017	24	Training Certificate	

Provide the requested information for each training related to **Ethical and Professional Responsibilities**.

Training must meet or exceed 30 hours, 6 of which must be specific to Professional Ethics.

Applicant Information					
Applicant Name*		Annlicant	Email Address		
	he as it is associated with your FCD associate	Applicant	Liliali Addiess		
*Enter your name and email <u>exact</u>	l <u>v</u> as it is associated with your FCB account.				
Training Hours and Top	pic: 30 hours of training topics on Ethical	and Professional F	tesponsibilities (6	hours must be spe	ecific to professional ethics)
See example of how to	report training (in italics below <b>).</b>				
	Training Title	Start Date	End Date	Credit Hours	Documentation Type
Healthy Roundaries -	- Healthy Helping Relationships	8-8-22	8-8-22	4	Employer LMS Report
Treatiny Boundaries	Treating Treiping Netationships	0 0 22	0 0 22	7	Employer Livio Report