



Certified Addiction Professional Work Experience Verification Form

DIRECTIONS

This form allows for one employer to document work hours as required for the CAP credential. Provide a separate form to each employer who will document experience for certification purposes.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant.
- Part Two is completed by the employer and provided to FCB by mail, email or fax (see below). Work Experience Verification Forms will not be accepted from the applicant.

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

Email: Certification Specialist’s email or
 admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Work Experience Verification (applicant name)

REQUIREMENT

CAP Description	An advanced level professional substance abuse credential for those persons working in a licensed substance abuse disorder treatment program in Florida.
Related Work Experience Requirement	<p>Work experience requirements are based on the applicant’s degree field.</p> <ul style="list-style-type: none"> • <u>Counseling Degree</u>: 2,000 hours (approximately 1 year of full-time work) of CAP level work experience. • <u>Behavioral Health Degree</u>: 4,000 hours (approximately 2 years of full-time work) of CAP level work experience. <p>One year of full-time employment at 40 hours per week, equals 2,080 hours.</p> <p>Eligible work experience has occurred within the last 5 years.</p> <p>Volunteer experience and non-clinical internships are not eligible for certification purposes.</p>
Supporting Documentation	Attach a position description that directly relates to the core competencies of the credential. Must be on agency letterhead.



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

Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information: Please list the position you held for which you are requesting verification by your employer. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each position/employer documenting work experience.		
Applicant Name:		
Employer:		
Type of Position:	Full-Time	Part-Time
Position Title:		
Immediate Supervisor:		
I hold a: <input type="checkbox"/> Counseling degree (2,000 hours) <input type="checkbox"/> Behavioral Health degree (4,000 hours)		

Part 2: To be completed by the employer’s personnel officer or designee only.

Section A: Verifier’s Contact Information	
Last Name:	First Name:
Title:	Employer:
Email Address:	Business Phone:
Work Address:	
City:	State:
Zip Code:	County:
Section B: Experience Attestation	
I have read and understand the on-the-job experience requirements for the Certified Addiction Professional (CAP) certification. The following information can be verified by employment records maintained by the agency. I consent to an audit of such records if requested. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant’s Position Description Attached? <input type="checkbox"/> Yes	Type of Position. <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Applicant’s Employment Dates (use MM/DD/YYYY format): From: _____ To: _____	
Average number of hours per week providing related services: _____	
By my signature, I attest that the above material is true to the best of my knowledge.	
Verifier’s Signature <i>(FCB accepts manual and electronic signatures)</i>	Date