



# Certified Behavioral Health Case Manager Provisional Training Verification Form

## DIRECTIONS

This form allows for documenting training hours as required for the CBHCM Provisional credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

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

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

**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:** Training Verification (applicant name)

## REQUIREMENT

<b>CBHCM-P Content Specific Training Requirement</b>	<p>50 hours of content specific training, allocated as follows:</p> <ol style="list-style-type: none"> <li>1. Engagement and Assessment (initial and ongoing): 9 hours</li> <li>2. Service Planning and Development (initial and ongoing): 8 hours</li> <li>3. Coordination, Linkage and Monitoring: 13 hours</li> <li>4. Documentation: 10 hours</li> <li>5. Professional, Legal and Ethical Responsibilities: 10 hours</li> </ol>
<b>Supporting Documentation</b>	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> under Education &amp; Training.</p>

## TRAINING TOPICS BY DOMAIN

The following are sample topics for training. These are to be used as an example of the type of courses which can be included for each area; however, while a variety of training is desired, it is not required to complete all the topics under each domain.

DOMAIN	TOPICS
<b>Engagement and Assessment (initial and ongoing) (9 hours)</b>	<ul style="list-style-type: none"> <li>• Case Management Principles and Core Functions</li> <li>• Screening Instruments, Procedures and Techniques</li> <li>• Assessment Instruments, Procedures and Techniques</li> <li>• Behavioral Health Conditions – Mental Health/Substance Use</li> <li>• Risk Factors/Risk Assessment (safety, suicide, etc.)</li> <li>• Client Engagement Strategies</li> <li>• Skills to Build Rapport</li> <li>• Motivational Interviewing</li> <li>• Functional Assessment</li> <li>• Assessment Data Collection and Analysis</li> </ul>
<b>Service Planning and Development (initial and ongoing) (8 hours)</b>	<ul style="list-style-type: none"> <li>• Strengths-based and Person-Centered Planning</li> <li>• Components of a Service Plan</li> <li>• Collaboration with Collateral Resources</li> <li>• Developing Goals and Objectives</li> <li>• Writing Measureable and Effective Service Plans</li> <li>• Prioritization of Needs across Functional Domains</li> <li>• Measuring Success</li> <li>• Stages of Change</li> <li>• Principles of Recovery/Recovery Supports</li> <li>• Special Population Needs</li> <li>• Service Plan Monitoring and Updates</li> <li>• Strategies for Termination or Transfer of Services</li> </ul>
<b>Coordination, Linkage and Monitoring (13 hours)</b>	<ul style="list-style-type: none"> <li>• Making Effective Referrals and Follow-ups</li> <li>• Networking and Collaboration with Community Resources/Services</li> <li>• Linkage to Formal and Informal Supports</li> <li>• Strategies to Build Partnerships and Alliances</li> <li>• Communication Skills</li> <li>• Multidisciplinary Teamwork</li> <li>• Confidentiality Laws and Regulations</li> <li>• Advocacy for Client Services and Supports</li> </ul>
<b>Documentation (10 hours)</b>	<ul style="list-style-type: none"> <li>• Assessment, Discharge or Transfer Summaries</li> <li>• Progress Notes</li> <li>• Documentation Requirements and Techniques</li> <li>• Records Management/Use of Technology for Documentation</li> <li>• Privacy &amp; Confidentiality</li> </ul>

DOMAIN	TOPICS
<b>Professional, Legal and Ethical Responsibilities (10 hours)</b>	<ul style="list-style-type: none"><li>• Professional Boundaries</li><li>• Cultural Competence</li><li>• Ethical Decision Making / Code of Ethics</li><li>• Laws / Rules &amp; Regulations</li><li>• Privacy / Confidentiality / HIPPA</li><li>• Relationships / Dual Relationships</li><li>• Sexual Misconduct</li><li>• Effective Use of Supervision and Case Consultation</li><li>• Computer and Social Media Ethics</li></ul>



# Certified Behavioral Health Case Manager Provisional Training Verification Form

**APPLICANT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TRAINING TOPIC: ENGAGEMENT & ASSESSMENT (INITIAL AND ONGOING) (1 OF 5)**

**Training Requirement: Minimum 9 hours of training in topics directly related to Engagement and Assessment (initial and ongoing).**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



# Certified Behavioral Health Case Manager Provisional Training Verification Form

APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: SERVICE PLANNING & DEVELOPMENT (INITIAL AND ONGOING) (2 OF 5)

Training Requirement: Minimum 8 hours of training in topics directly related to Service Planning & Development (initial and ongoing).

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



# Certified Behavioral Health Case Manager Provisional Training Verification Form

APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: COORDINATION, LINKAGE AND MONITORING (3 OF 5)

Training Requirement: Minimum 13 hours of training in topics directly related to Coordination, Linkage and Monitoring.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



# Certified Behavioral Health Case Manager Provisional Training Verification Form

APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: DOCUMENTATION (4 OF 5)

Training Requirement: Minimum 10 hours of training in topics directly related to Documentation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



# Certified Behavioral Health Case Manager Provisional Training Verification Form

APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: PROFESSIONAL, LEGAL & ETHICAL RESPONSIBILITIES (5 OF 5)

Training Requirement: Minimum 10 hours of training in topics directly related to Professional, Legal & Ethical Responsibilities.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	