



Certified Behavioral Health Case Manager Provisional Upgrade On-the-Job Supervision Verification Form

DIRECTIONS

This form allows for one qualified supervisor to document on-the-job supervision hours as required for the CBHCM Provisional Upgrade credential. Provide a separate form and instructions to each qualified supervisor who will document supervision for certification purposes. FCB has supervision documentation templates posted online that may be used if needed.

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

- Part One is completed by the applicant and provided to the qualified supervisor.
- Part Two is completed by the qualified supervisor and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form directly to the FCB. *On-the-Job Supervision 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: On-the-Job Supervision (applicant name)

REQUIREMENT

Policy Standard	Supervision focuses on improved client care and improved job performance. The purpose of supervision is to teach counselors how to promote client welfare and increase their skills and knowledge in order to effectively treat their client base. Supervision for certification purposes can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings. At least 50% of the hours of supervision must be individual, one-on-one supervision and/or observation skills. No more than 50% of the required hours of supervision may be in a group setting. See Candidate Guide: Application Process for additional details and guidance.
CBHCM Description	A designation is for individuals who supervise those who provide direct targeted case management services to adults and/or children with mental health conditions, substance use disorders, and/or those involved in the child welfare system who require behavioral health case management services. <i>(Continued on next page)</i>



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<p>Qualified Supervisor Definition</p>	<p>A qualified supervisor must be current and fall within one of the following designations:</p> <ul style="list-style-type: none"> • A physician or physician’s assistant licensed under Chapters 458 or 459, Florida Statutes • A professional licensed under Chapters 490 or 491, Florida Statutes • An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, Florida Statutes • A Master’s Level Certified Addiction Professional (MCAP) • A Certified Addiction Professional (CAP) • A Certified Behavioral Health Case Manager Supervisor (CBHCMS)
<p>On-the-Job Supervision Requirement</p>	<p>50 hours of on-the-job supervision of the applicant’s performance of core competencies.</p> <p>The 50 hours are allocated across performance domains as follows:</p> <ol style="list-style-type: none"> 1. Engagement and Assessment (initial and ongoing): 10 hours 2. Service Planning and Development (initial and ongoing): 10 hours 3. Coordination, Linkage and Monitoring: 10 hours 4. Documentation: 10 hours 5. Professional, Legal and Ethical Responsibilities: 10 hours <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible on-the-job supervision occurred within the last 5 years.</p>

PERFORMANCE DOMAIN CATEGORIES

Minimum of 10 hours must be completed in each performance domain listed below.

<p>ENGAGEMENT AND ASSESSMENT (initial and ongoing): Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as engaging the client in services and conducting an assessment to determine the client’s individual strengths and needs.</p>
<p>SERVICE PLANNING AND DEVELOPMENT (initial and ongoing): Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as translating the results of assessment activities into functional services and tasks that address immediate, short-term, long-term and ongoing needs.</p>
<p>COORDINATION, LINKAGE AND MONITORING: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as assisting the client to implement the case management plan and monitoring the ongoing effectiveness of the plan in meeting client outcomes.</p> <p><i>(Continued on next page)</i></p>



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DOCUMENTATION – 10 hours: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she documents service provision according to federal, state and agency requirements and best practices.

PROFESSIONAL, LEGAL AND ETHICAL RESPONSIBILITIES – 15 hours: Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.

SUPERVISOR REQUIRED DOCUMENTATION

A qualified supervisor must maintain documentation of supervision, copies of which may be requested by Certification Staff at any time. Documentation must include the following minimum information:

- a. Supervisee name, current position and credential sought.
- b. Date of supervision, start and end time of supervision, and number of supervision hours accrued.
- c. Supervisor name and title.
- d. Methods of supervision (individual, group, observation, review clinical documentation).
- e. Summary of supervision offered during session.
- f. Signature of both Supervisee and Supervisor

Documentation does not need to be submitted with this verification form. FCB has supervision documentation templates posted online that may be used if needed.



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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 qualified supervisor for completion.

Applicant Information: Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each qualified supervisor documenting clinical on-the-job supervision.		
Applicant Name:		
Employer:		
Type of Position:	Full-time	Part-Time
Position Title:		
Immediate Supervisor:		

Part 2: To be completed by the applicant’s qualified supervisor only.

Section A: Qualified Supervisor Contact Information	
Last Name:	First Name:
Title:	Employer:
Email Address:	Business Phone:
Work Address:	
City:	State:
Zip Code:	County:

Section B: Supervision Attestation	
I am a qualified supervisor because I am:	
A physician or physician’s assistant licensed under Chapters 458 or 459, F.S.	
A professional licensed under Chapters 490 or 491, F.S.	
A Psychiatric Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for a Psychiatric ARNP designation.	
A MCAP, CAP or CBHCMS credentialed through the Florida Certification Board.	
<i>Copy of qualifying credential or license for the qualified supervisor is attached.</i>	Yes No



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Section B: Supervision Attestation Continued		
Domain Category – <i>Please see Page 2 of On-the-Job Supervision Verification Form for instructions</i>	Individual Supervision Number of Hours	Group Supervision Number of Hours
ENGAGEMENT AND ASSESSMENT (initial and ongoing)		
SERVICE PLANNING AND DEVELOPMENT (initial and ongoing)		
COORDINATION, LINKAGE AND MONITORING		
DOCUMENTATION		
PROFESSIONAL, LEGAL AND ETHICAL RESPONSIBILITIES		
TOTAL HOURS PER CATEGORY:		
TOTAL HOURS OF ON-THE-JOB SUPERVISION EARNED: (No more than 50% of the total required hours may be in a group setting)		

Type of Position Supervised	Full-time Part-time	Time period during which supervision was provided: From: _____ To: _____
<p>I have read and understand the on-the-job supervision requirements for Certified Behavioral Health Case Manager (CBHCM) certification. I provided the above on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</p> <p style="text-align: right;">Yes No</p>		
<p>As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Behavioral Health Case Manager? Yes* No</p> <p>*If yes, the FCB will contact you for additional information, which may result in non-acceptance of these on-the-job supervision hours to meet certification requirements.</p>		
<p>I provided on-the-job supervision of the applicant as he or she performed addiction related services at the level expected of a Certified Behavioral Health Case Manager. Yes No</p>		
<p>By my signature, I attest that the above material is true to the best of my knowledge.</p>		
Qualified Supervisor's Signature <i>(FCB accepts manual and electronic signatures)</i>		Date