



Certified Behavioral Health Technician Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CBHT 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

<p>CBHT Content Specific Training Requirement</p>	<p>30 hours of content specific training, allocated as follows:</p> <ol style="list-style-type: none"> 1. Clinical Competence: 8 hours 2. Maintaining Client and Personal Safety: 4 hours 3. Documentation and Patient Confidentiality: 4 hours 4. Ethical and Professional Responsibilities: 4 hours 5. Electives: 10 hours
<p>Supporting Documentation</p>	<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 www.flcertificationboard.org under Education & Training.</p>

TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
Clinical Competence (8 hours)	<ul style="list-style-type: none"> • Identification and Treatment of Substance Abuse Disorders • Identification and Treatment of Mental Health Disorders • Basic Psychopharmacology • Side-Effects of Medication • Clinical Risk Assessment • Daily Living Skills • Treatment Plans • Community Resources • Verbal/Non-Verbal Communication • Relapse
Maintaining Client and Personal Safety (4 hours)	<ul style="list-style-type: none"> • First Aid • CPR • HIV/AIDS • Universal Precautions • Verbal De-escalation Techniques • Emergency Preparedness/Disaster Planning • Crisis Intervention • Aggression and Control Techniques • Staff Safety • Client Safety
Documentation and Patient Confidentiality (4 hours)	<ul style="list-style-type: none"> • HIPAA • Clinical Documentation • Patient's Rights • Patient Confidentiality • Active Listening • Behavioral Observation • Federal, State, Local Regulations • Release of Information/Informed Consent
Ethical and Professional Responsibilities (4 hours)	<ul style="list-style-type: none"> • Professional Conduct • Confidentiality • Patient's Rights • Mandatory Abuse Reporting • Cultural Competence/Diversity
Electives (10 hours)	<ul style="list-style-type: none"> • Electives related to any of the above performance domains.



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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: CLINICAL COMPETENCE (1 OF 5)

Training Requirement: Minimum 8 hours of training in topics directly related to Clinical Competence.

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>	



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TRAINING TOPIC: MAINTAINING CLIENT AND PERSONAL SAFETY (2 OF 5)

Training Requirement: Minimum 4 hours of training in topics directly related to Maintaining Client and Personal Safety.

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>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: DOCUMENTATION AND PATIENT CONFIDENTIALITY (3 OF 5)

Training Requirement: Minimum 4 hours of training in topics directly related to Documentation and Patient Confidentiality.

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>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: ETHICAL AND PROFESSIONAL RESPONSIBILITIES (4 OF 5)

Training Requirement: Minimum 4 hours of training in topics directly related to Ethical and Professional 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>	

