



Certified Telehealth Practitioner CET to CTP Upgrade Experience Verification Form

Effective Date: 3-1-2021

Directions

1. This form is for all individuals seeking to upgrade their Certified E-Therapist (CET) credential to the new Certified Telehealth Practitioner (CTP).
2. Forms MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. The applicant completes Part 1 of this form. The individual attesting to the applicant's prior work history providing telehealth services completes Parts 2 and 3 of this form and sends completed forms directly to the FCB. Please contact the FCB if you need the name and email address of the applicant's assigned Certification Specialist.

Part 1: Applicant Information. Enter requested information exactly as it is associated with your FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Master Credential Name & Number _____	Expiration Date _____
Part 2: Verifiers Information. Enter information for the individual who will complete Part 3, below.	
Supervisor Name _____	License or Credential _____
Email Address _____	Phone Number _____
Position Title _____	Employer _____
Part 3: Attestation of Telehealth Work Experience	
<p>I understand that during the grandparenting period, individuals who hold the FCB's Certified E-Therapist credential and are seeking to upgrade to the new Certified Telehealth Practitioner (CTP) credential must have delivered a minimum of five (5) telehealth sessions between January 1, 2020 and the date of application, and participated in standard supervision per agency policy. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>According to agency records, the individual listed in Part 1 of this form has provided at least five (5) telehealth sessions between Jan 1, 2020 and the date of application. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>According to agency records, the individual listed in Part 1 of this form has participated in standard supervision per agency policy between Jan 1, 2020 and the date of application. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Based on your interactions with the applicant and employment records, do you have any concerns about their ability to competently provide virtual behavioral health services using approved telehealth technologies under standard supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I consent to an audit of related agency records to verify my attestation, if requested by FCB. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>By my signature, I attest that the above material is true to the best of my knowledge.</i></p>	
<p>_____ Signature (FCB accepts both manual and electronic signatures)</p>	<p>_____ Date</p>