



Certified Mental Health Professional (CMHP)

Recommendation for Certification Form

RECOMMENDATION FOR CERTIFICATION REQUIREMENT

Applicants must submit three professional letters of recommendation in support of their CMHP application.

1. Individuals providing recommendations must have firsthand knowledge of the applicant and their delivery of professional mental health services.
2. No one in any of the following relationships with the applicant may submit a recommendation, regardless of their job title or experience: subordinates, individuals in a parallel position, a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship.
3. The individual providing the recommendation must submit this form directly to the Board. Documentation will not be accepted from applicants.

DIRECTION TO APPLICANTS

Give a copy of this form to each person who will submit a professional recommendation in support of your CMHP application.

DIRECTIONS TO RECOMMENDERS

You are being asked to provide a written letter of recommendation in support of an individual applying for Certified Mental Health Professional (CMHP) credential issued by the Florida Certification Board.

Please submit the completed recommendation form to the Board using one of the methods listed below. Please do not provide recommendations to the applicant; the Board cannot accept forms submitted by applicants.

- **Email:** you may send the completed form to the applicant's certification specialist (they will provide you with the correct email address) or to admin_assist@flcertificationboard.org. Please enter "Recommendation for <insert applicant name>" in the subject line.
- **Fax:** 850-222-6247 ♦ Please enter "Recommendation for <insert applicant name>" in the subject line.
- **US Mail:** FCB ♦ Attention: Certification Operations ♦ 1715 South Gadsden Street ♦ Tallahassee, Florida 32301



Certified Mental Health Professional (CMHP) *Recommendation for Certification Form*

APPLICANT INFORMATION

Applicant Name

Email address

REFERENCE'S INFORMATION & RECOMMENDATION

Name

Email address

Phone number

Relationship to the applicant

Please describe the nature of your relationship with the applicant and explain how it qualifies you to provide a recommendation in support of their Certified Mental Health Professional (CMHP) application.

Please describe why you believe the applicant would be a successful member of the certified population., Please include specific examples of your observations of the applicant providing professional-level mental health services.

Do you have any concerns about the applicant that would negatively impact their eligibility to earn the Certified Mental Health Professional (CMHP) credential? yes* no (*attach a description of the concerns)

By my signature, I attest that the information provided is true, and I consent to an interview to discuss my recommendation if requested by Board staff.

Verifier Signature (NCBBHP accepts both manual and electronic signatures)

Date