



Certified Mental Health Professional Tier 2 Training Requirement & Documentation

Training Requirement: Completion of **150** hours of training within five years prior to application for certification, with competencies distributed across the following topics:

- Understanding Mental Health Conditions – Treatment Knowledge = 80 hours, to include 6 hours on trauma informed care; 6 hours on Suicide Prevention; and 6 hours on Crisis Intervention
- Application to Practice – Professional Readiness = 25 hours, to include 8 hours on psychopharmacology
- Documentation = 15 hours
- Recovery Oriented Systems of Care/Person Centered Counseling = 15 hours
- Case Management/Care Coordination = 15 hours
- Clinical Evaluation = 25 hours
- Treatment Planning = 15 hours
- Counseling = 30 hours

The training requirement may be met through either: (1) multiple classes amounting to at least 150 hours and covering all required content or (2) a single class awarded FCB sole-source provider status covering all required content. An FCB sole-source provider delivers training that meets or exceeds 150 hours and issues a single training certificate to successful trainees.

Eligible training providers include: (1) an accredited college or university, (2), a training provider approved by a state or national certification/licensure organization other than the FCB, or (3) an FCB-approved training provider. The names of FCB-approved training providers can be found in a searchable database on the FCB website.

Documentation of Training: Applicants must submit **both** this form (complete Option 2) and a copy of the training certificate issued by the provider for each training event. Supporting documentation must include the name of the applicant, title of the training, delivery dates, number of hours of training, and name and qualifications of the training provider. Examples of documentation include certificates of completion, transcripts, and course outlines, learning management system reports, and other evidence of having participated in relevant training.

Applicant Information	
_____ Applicant Name*	_____ Applicant Email Address
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>	
Training and Attestation	
<p>I have read and understand the Certified Mental Health Professional Tier I Training Requirement, defined as 150 hours of addiction training completed within 5 years prior to application for certification, with competencies distributed across the following topics: Understanding Mental Health Conditions/Treatment Knowledge (80 hours), Application to Practice/Professional Readiness (25 hours), Documentation (15 hours), Recovery Oriented Systems of Care/Person Centered Counseling (15 hours), Case Management/Care Coordination (15 hours), Clinical Evaluation (25 hours), Treatment Planning (15 hours) and Counseling (30 hours).</p> <p>I understand that I am responsible for completing and uploading this form and the supporting documentation to my FCB online application. Further, I will provide supporting documentation in the same order as listed on this form.</p> <p>I have met or exceeded the 150-hour training requirement, including the required number of hours per topic. My training was delivered by an eligible training provider within 5 years prior to my application for certification. I have provided information about my training on this form and will provide supporting documentation for any course I have taken.</p> <p>By my signature, I attest that the information provided on this form and the supporting documentation are true, and I consent to an interview to discuss the documentation if requested by FCB staff.</p>	
_____ Signature <small>(The FCB accepts both manual and electronic signatures)</small>	_____ Date



**Certified Mental Health Professional Tier 2
Training Requirement & Documentation**

Provide the requested information for each training related to Understanding Mental Health Conditions/Treatment Knowledge.
Training must meet or exceed 80 hours; 24 of which must be specific to trauma informed care (6 hours), suicide prevention (6 hours) and crisis intervention (6 hours).

Assemble supporting documentation in the same order as listed below.

Applicant Information

Applicant Name*

Applicant Email Address

**Enter your name and email exactly as it is associated with your FCB account.*

Training Hours and Topic: 80 hours of training topics on Understanding Mental Health Conditions/Treatment Knowledge, to include: 6 hours on trauma informed care; 6 hours on suicide prevention; and 6 hours on crisis intervention.

See example of how to report training (in italics below).

Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Signs and Symptoms of Social Anxiety Disorder</i>	<i>02/12/2022</i>	<i>02/12/2022</i>	<i>2</i>	<i>Training Certificate</i>

Attach additional training forms if necessary.



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Provide the requested information for each training related to **Application to Practice/Professional Readiness**.

Training must meet or exceed 25 hours; 8 of which must be specific to psychopharmacology.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>				
Training Hours and Topic: 25 hours of training topics on Application to Practice/Professional Readiness; 6 hours must be specific to professional ethics.				
<i>See example of how to report training (in italics below).</i>				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Ethics for Healing Professionals</i>	<i>11-13-20</i>	<i>11-14-20</i>	<i>12</i>	<i>Training Certificate</i>

Attach additional training forms if necessary.



Certified Mental Health Professional Tier 2 Training Requirement & Documentation

Provide the requested information for each training related to **Documentation**.

Training must meet or exceed 15 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>				
Training Hours and Topic: 15 hours of training topics on Documentation <i>See example of how to report training (in italics below).</i>				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>What Happened? Writing Effective Progress Notes</i>	<i>04-15-21</i>	<i>04-15-21</i>	<i>5</i>	<i>Training Certificate</i>

Attach additional training forms if necessary.



Certified Mental Health Professional Tier 2 Training Requirement & Documentation

Provide the requested information for each training related to **Recovery Oriented Systems of Care/Person Centered Counseling**.

Training must meet or exceed 15 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>				
Training Hours and Topic: 15 hours of training topics on Recovery Oriented Systems of Care/Person Centered Counseling				
<i>See example of how to report training (in italics below).</i>				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>I'm more than a client! Putting the Person First</i>	<i>09/12/20</i>	<i>09/12/20</i>	<i>1.5</i>	<i>Stamped Conference Agenda</i>

Attach additional training forms if necessary.



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Provide the requested information for each training related to **Case Management/Care Coordination**.

Training must meet or exceed 15 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.				
Training Hours and Topic: 15 hours of training topics on Case Management/Care Coordination				
See example of how to report training (in italics below).				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Maintaining Confidentiality Across Providers</i>	<i>10-01-2019</i>	<i>10-01-2019</i>	<i>6</i>	<i>Participation Certificate</i>

Attach additional training forms if necessary.



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Provide the requested information for each training related to **Clinical Evaluation**.

Training must meet or exceed 25 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>				
Training Hours and Topic: 25 hours of training topics on Clinical Evaluation				
<i>See example of how to report training (in italics below).</i>				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Innovations in Anxiety and Depression Screening</i>	<i>10-01-2019</i>	<i>10-01-2019</i>	<i>6</i>	<i>Participation Certificate</i>

Attach additional training forms if necessary.



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Provide the requested information for each training related to **Treatment Planning**.

Training must meet or exceed 15 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.				
Training Hours and Topic: 15 hours of training topics on Treatment Planning				
See example of how to report training (in italics below).				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Linking Evaluation Outcomes to Treatment Goals</i>	<i>10-01-2019</i>	<i>10-01-2019</i>	<i>6</i>	<i>Participation Certificate</i>

Attach additional training forms if necessary.



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Provide the requested information for each training related to **Counseling**.

Training must meet or exceed 30 hours.

Assemble supporting documentation in the same order as listed below.

Applicant Information				
Applicant Name*		Applicant Email Address		
<small>*Enter your name and email <u>exactly</u> as it is associated with your FCB account.</small>				
Training Hours and Topic: 30 hours of training topics on Counseling				
<i>See example of how to report training (in italics below).</i>				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
<i>Introduction to EMDR for Trauma</i>	<i>10-01-2019</i>	<i>10-01-2019</i>	<i>6</i>	<i>Participation Certificate</i>

Attach additional training forms if necessary.