



Certified Mental Health Professional Tier I 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

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), and Case Management/Care Coordination (15 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 <i>(The FCB accepts both manual and electronic signatures)</i>	Date

